

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 728717

1. Entity Name

CRENSHAW LAKE IMPROVEMENT ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3624 CRENSHAW LAKE ROAD
LUTZ FL 33548

3624 CRENSHAW LAKE ROAD
LUTZ FL 33548

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33548

33548

4. FEI Number

59-2760528

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HEYCK, JOSEPH G JR.
SUITE 1240 BANK OF AMERICA PLAZA
101 E. KENNEDY BLVD.
TAMPA FL 33602

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME ATCHISON, CAROL
STREET ADDRESS 1804 VAN DYKE RD
CITY-ST-ZIP LUTZ FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD ☐ Delete
NAME SHELL, HENRY
STREET ADDRESS 1309 N FLORIDA AVENUE
CITY-ST-ZIP TAMPA, FL-00000

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME HOLMES, MARY
STREET ADDRESS CRENSHAW LAKE RD 3612
CITY-ST-ZIP LUTZ FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☐ Delete
NAME HEYCK, JOSEPH G
STREET ADDRESS CRENSHAW LAKE RD. 3624
CITY-ST-ZIP LUTZ, FL 00000

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME HEYCK, MARILYN G
STREET ADDRESS CRENSHAW LAKE RD. 3624
CITY-ST-ZIP LUTZ FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JOSEPH G. HEYCK JR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/14/02

(813)223-5351



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)