

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 729420

1. Entity Name

HOLIDAY GARDEN ESTATES HOME OWNERS CIVIC ASSOCIA

Principal Place of Business

Mailing Address

4914 DAPHNE STREET
NEW PORT RICHEY FL 34652

P.O. BOX 1660
ELFERS FL 34680-1660

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1778784

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

KALISZEWSKI, NANCY J
4914 DAPHNE STREET
NEW PORT RICHEY FL 34652

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

TITLE	P	<input type="checkbox"/> Delete
NAME	KALISZEWSKI, NANCY J	
STREET ADDRESS	4914 DAPHNE STREET	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	QUICKSALL, RON	
STREET ADDRESS	4721 DAPHNE STREET	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	OLDS, R. TOM	
STREET ADDRESS	4721 DAPHNE STREET	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	PARKER, PAT	
STREET ADDRESS	4732 DAPHNE STREET	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ALLEN, PAT	
STREET ADDRESS	4714 DUNEY	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VAN DINE, GARY	
STREET ADDRESS	4805 DAPHNE STREET	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
NAME	Virginia Pawlowski	
STREET ADDRESS	5829 Bantam	
CITY-ST-ZIP	New Port Richey Fl 34652	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
NAME	Jean Collins	
STREET ADDRESS	5747 Friedly	
CITY-ST-ZIP	N.P.R. Fl 34652	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
NAME	Jean Collins	
STREET ADDRESS	5747 Friedly	
CITY-ST-ZIP	N.P.R. Fl 34652	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
NAME	Charles Rath	
STREET ADDRESS	4724 Ackerman St.	
CITY-ST-ZIP	N.P.R. 34652	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
NAME	Tom Olds	
STREET ADDRESS	4721 Daphne	
CITY-ST-ZIP	New Port Richey Fl 34652	

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/2000

627842-7013

Date

Daytime Phone #