

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2000 8:00 am**  
**Secretary of State**

05-12-2000 90056 030 \*\*\*\*61.25

00048492

DO NOT WRITE IN THIS SPACE

DOCUMENT # **743049**  
 1. Entity Name  
**HILL VILLAS RESIDENT MANAGEMENT ASSOCIATION, INC.**

Principal Place of Business  
**Properties, Inc.**  
**9th St. N. 2nd FL**  
**Petersburg, FL 33716**

Mailing Address  
**Rampart Properties, Inc.**  
**10033 9th St. N. 2nd FL**  
**St. Petersburg, FL 33716**  
**US**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 City & State

Zip  
 Country  
 Zip  
 Country

4. FEI Number  
**59-1840237**

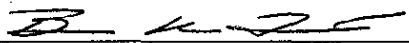
Applied For  
 Not Applicable

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  
 Name  
**Smith, Brian**  
 Street Address (P.O. Box Number is Not Acceptable)  
**Rampart Properties, Inc.**  
**10033 9th St. N. 2nd FL**  
 City  
**St. Petersburg, FL** Zip Code  
**33716**

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  **BRIAN K. SMITH** 2-12-00  
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**

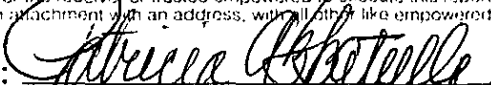
9. Election Campaign Financing  
 Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Abbatiello, Patricia</b> <b>10033 9th St. N. 2nd FL</b> <b>St. Petersburg, FL 33716</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>Gollattscheck, Alice</b> <b>10033 9th St. N. 2nd FL</b> <b>St. Petersburg, FL 33716</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>Underhill, Earl</b> <b>10033 9th St. N. 2nd FL</b> <b>St. Petersburg, FL 33716</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>Peabody, Art</b> <b>10033 9th St. N. 2nd FL</b> <b>St. Petersburg, FL 33716</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Gerhart, Kathy</b> <b>10033 9th St. N. 2nd FL</b> <b>St. Petersburg, FL 33716</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **President PATRICIA ABBATIELLO**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)