

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 756898

1. Entity Name

BERKELEY HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

STERLING MGMT
2880 SCHERER DR STE 840
SAINT PETERSBURG FL 33716
US

Mailing Address

STERLING MGMT
2880 SCHERER DR STE 840
SAINT PETERSBURG FL 33716
US

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

59-3040591

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

STERLING MGMT
2880 SCHERER DR STE 840
SAINT PETERSBURG FL 33716

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 PD
NAME TYSON, KIM
STREET ADDRESS 162 WEST TARGA
CITY-ST-ZIP TAMPA FL 33606 ☒ Delete

TITLE P
NAME Mike Hinnant P/D
STREET ADDRESS 110 W. Targa
CITY-ST-ZIP Tampa, FL 33606 ☐ Change ☒ Addition

TITLE PD
NAME MCCONNELL, BOB
STREET ADDRESS 102 BISCAYNE
CITY-ST-ZIP TAMPA FL ☒ Delete

TITLE S/T
NAME Paula Hurley T/D
STREET ADDRESS 114 W. Targa
CITY-ST-ZIP Tampa, FL 33606 ☐ Change ☒ Addition

TITLE VPD
NAME HURLEY, ROD
STREET ADDRESS 114 W. TARGA
CITY-ST-ZIP TAMPA FL 33606 ☒ Delete

TITLE D
NAME Jerry Hodges S/D
STREET ADDRESS 463 W. DAVIDS BLVD.
CITY-ST-ZIP Tampa, FL 33606 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: *Michael Hinnant* Michael Hinnant Pres. 4-201

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

299-9555

FILED
Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90038 021 ****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)