

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90345 027 \*\*\*\*61.25

**DOCUMENT # 762786**

1. Entity Name

**UNITED RESIDENTS OF BEVERLY HILLS,  
INCORPORATED**



Principal Place of Business

Mailing Address

C/O GIL BUECHLY  
101 S JEFFERSON ST.  
BEVERLY HILLS FL 34465  
US

PO BOX 640089  
BEVERLY HILLS FL 34464  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

**NO-T APPLICABLE**

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

**BUECHLY, GIL**  
**101 S JEFFERSON ST.**  
**BEVERLY HILLS FL 34465**

Name **CHESTER J. DEMBKOWSKI**

Street Address (P.O. Box Number is Not Acceptable)  
**84 W ROYAL FERN PLACE**

City **BEVERLY HILLS FL 34465**

Zip Code **FL 34465**

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. I am familiar with, and accept the obligations of registered agent.

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**  
**Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	BUECHLY, GIL	
STREET ADDRESS	101 S JEFFERSON ST.	
CITY-ST-ZIP	BEVERLY HILLS FL 34465	
TITLE	1VP	<input checked="" type="checkbox"/> Delete
NAME	REEVES, JANET	
STREET ADDRESS	4488 W PAPOOSE LANE	
CITY-ST-ZIP	PINE RIDGE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LONGOBARDI, PETER	
STREET ADDRESS	3436 N SUNROSE PATH	
CITY-ST-ZIP	BEVERLY HILLS FL 34465	
TITLE	D	<input type="checkbox"/> Delete
NAME	COONEY, JOHN	
STREET ADDRESS	3956 N HUCKELBERRY PT.	
CITY-ST-ZIP	BEVERLY HILLS FL 34465	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	BUECHLY, DONNA	
STREET ADDRESS	106 S JEFFERSON ST	
CITY-ST-ZIP	BEVERLY HILLS FL	
TITLE		<input type="checkbox"/> Delete
NAME	DEMBKOWSKI, CHESTER	
STREET ADDRESS	84 W ROYAL FERN PLACE	
CITY-ST-ZIP	BEVERLY HILLS FL 34465	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Peter Longobardi 1st V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3436 N Sunrose Path	
STREET ADDRESS	Beverly Hills FL 34465	
CITY-ST-ZIP		
TITLE	2nd V.P.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John M. Hubel	
STREET ADDRESS	1111 Boldenbuck Ch	
CITY-ST-ZIP	Beverly Hills FL 34465	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Buechly, Donna	
STREET ADDRESS	101 S. Jefferson St	
CITY-ST-ZIP	Beverly Hills FL 34465	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: CHESTER J. DEMBKOWSKI**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/15/2005 (352) 746-5225**

Date

Daytime Phone #