

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 02, 2002 8:00 am
Secretary of State

05-13-2002 90073 022 ****61.25

DOCUMENT # N01000001422

1. Entity Name

HEATHER GLEN AT GRAND OAKS NEIGHBORHOOD
ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10033 Ninth Street N.

3. Mailing Address

10033 Ninth Street. N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Second Floor

Second floor

City & State

City & State

St. Petersburg, FL

St. Petersburg, FL

Zip

Country

33716

USA

Zip

Country

33716

USA

4. FEI Number

59-3716330

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

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34044

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Rampart Properties, Inc.

Street Address (P.O. Box Number is Not Acceptable)
10033 Ninth Street North

Second Floor

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

Billy K. Osburn

4/29/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

**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
PD
Betty Valenti
STREET ADDRESS
4902 Eisenhower Blvd. #289
CITY-ST-ZIP
Tampa, FL 33634

TITLE
NAME
VPD
Richard Leatham
STREET ADDRESS
4902 Eisenhower Blvd. #289
CITY-ST-ZIP
Tampa, FL 33634

TITLE
NAME
STD
William Grant, Jr.
STREET ADDRESS
4902 Eisenhower Blvd. #289
CITY-ST-ZIP
Tampa, FL 33634

TITLE
NAME
D
Steven Herman
STREET ADDRESS
311 Park Place Blvd. #600
CITY-ST-ZIP
Clearwater, FL 33759

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Betty D. Valenti

BETTY D. VALENTI

4-25-02 727 577 2200

Date

Daytime Phone #

CR2E037B (12/01)