

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90760 001 ***122.50

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1. Entity Name

ASTON GARDENS AT TAMPA BAY MASTER ASSOCIATION, I NC.

Principal Place of Business

Mailing Address

**137 SOUTH PEBBLE BEACH BLVD.
 SUN CITY CENTER FL 33573**

**137 SOUTH PEBBLE BEACH BLVD.
 SUN CITY CENTER FL 33573**

2. Principal Place of Business

3. Mailing Address

7001 TEMPLE TERRACE HWY.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

TEMPLE TERRACE, FL.

4. FEI Number

04-3599284

Applied For

Not Applicable

Zip

Country

Zip

Country

33633

USA

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

SEABO, STEPHEN J. III

**100 NORTH TAMPA ST., STE. 2700
 TAMPA FL 33602**

Name

UNIVERSITY PROPERTIES, INC.

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

7001 TEMPLE TERRACE HWY.

City

TEMPLE TERRACE

FL

Zip Code

33637

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

4/23/02

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 ☒ Delete
 NAME **D MYERS, RON**
 STREET ADDRESS **137 SOUTH PEBBLE BEACH BLVD.**
 CITY-ST-ZIP **SUN CITY CENTER FL 33573**

TITLE ☒ Change ☐ Addition
 NAME **PD HOFFMAN, MATTHEW**
 STREET ADDRESS **137 S. PEBBLE BEACH BLVD.**
 CITY-ST-ZIP **SUN CITY CENTER, FL. 33573**

TITLE ☒ Delete
 NAME **D LEEMAN, JACK**
 STREET ADDRESS **137 SOUTH PEBBLE BEACH BLVD.**
 CITY-ST-ZIP **SUN CITY CENTER FL 33573**

TITLE ☒ Change ☐ Addition
 NAME **VD HARRISON, THOMAS**
 STREET ADDRESS **137 S. PEBBLE BEACH BLVD**
 CITY-ST-ZIP **SUN CITY CENTER, FL. 33573**

TITLE ☒ Delete
 NAME **D HOFFMAN, MATTHEW**
 STREET ADDRESS **137 SOUTH PEBBLE BEACH BLVD.**
 CITY-ST-ZIP **SUN CITY CENTER FL 33573**

TITLE ☒ Change ☐ Addition
 NAME **SO BENJAMIN, BEVERLY**
 STREET ADDRESS **11702 LAKE ASTON CT.**
 CITY-ST-ZIP **TAMPA, FL. 33626**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME **T GERLACH, GERALD**
 STREET ADDRESS **137 S. PEBBLE BLVD.**
 CITY-ST-ZIP **SUN CITY CENTER, FL. 33573**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Matthew Hoffman
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

980-1000

CR2E037 (9/01)