

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N10469

1. Entity Name

EASTBROOK HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

15015 REDCLIFF DR.
TAMPA FL 33625-1957

Mailing Address

15015 REDCLIFF DR.
TAMPA FL 33625-1960

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

59-2653337

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

TORRETTA, NELSON
15015 REDCLIFF DR.
TAMPA FL 33625

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 ☒ Delete
NAME WEEKS, AMY
STREET ADDRESS 15002 REDCLIFF DR.
CITY-ST-ZIP TAMPA FL 33625-1957

TITLE PD ☐ Change ☐ Addition
NAME CRAIG SCHIRMER
STREET ADDRESS 14929 REDCLIFF DRIVE
CITY-ST-ZIP TAMPA, FL 33625-1957

TITLE SD ☐ Delete
NAME CLAWSON, BILL
STREET ADDRESS 14916 REDCLIFF DR.
CITY-ST-ZIP TAMPA FL 33625-1957

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

TITLE VD ☐ Delete
NAME BRICKNELL, DENNIS
STREET ADDRESS 14905 REDCLIFF DR.
CITY-ST-ZIP TAMPA FL 33625-1957

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

TITLE TD ☐ Delete
NAME TORRETTA, NELSON
STREET ADDRESS 15015 REDCLIFF DR.
CITY-ST-ZIP TAMPA FL 33625-1957

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

TITLE VD ☐ Delete
NAME BARUCH, RON
STREET ADDRESS 15008 REDCLIFF DR.
CITY-ST-ZIP TAMPA FL 33625-1957

TITLE ☒ Change ☐ Addition
NAME BARUCH, RON
STREET ADDRESS
CITY-ST-ZIP

TITLE MA ☐ Delete
NAME HOCZAK, STEPHEN
STREET ADDRESS 15009 REDCLIFF DRIVE
CITY-ST-ZIP TAMPA FL 33625

TITLE VD ☒ 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 IAs empowered.

SIGNATURE:

NELSON TORRETTA (NELSON) TORRETTA

3/21/00 (813) 274-8838

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)