

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N11244

1. Entity Name

HOLIDAY LAKE ESTATES SECURITY PATROL, INC.

**FILED**  
Feb 08, 2002 8:00 am  
Secretary of State

02-08-2002 90020 018 \*\*\*\*61.25

0089156

Principal Place of Business  
1176 CHELSEA LANE  
HOLIDAY FL 34691  
US

Mailing Address  
1176 CHELSEA LANE  
HOLIDAY FL 34691  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2240505

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVE  
CORAL GABLES FL 33134

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 P  
NAME DENNIS, JAMES ☒ Delete  
STREET ADDRESS 1452 WICKHAM LANE  
CITY-ST-ZIP HOLIDAY FL 34691

TITLE P  
NAME GIENNY TER WILGIER ☒ Change ☐ Addition  
STREET ADDRESS 1323 CAMBALANA DRIVE  
CITY-ST-ZIP Holiday, FL 34691

TITLE VP  
NAME REOLO, LOU ☒ Delete  
STREET ADDRESS 3809 SAILMAKER  
CITY-ST-ZIP HOLIDAY FL 34691

TITLE VP  
NAME FRANK J. MUIR ☒ Change ☐ Addition  
STREET ADDRESS 3034 FAIRMOUNT DR.  
CITY-ST-ZIP Holiday, FL 34691

TITLE S  
NAME LAZOWSKI, CHESTER ☐ Delete  
STREET ADDRESS 1414 WEYFORD LN  
CITY-ST-ZIP HOLIDAY FL 34691

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

TITLE TD  
NAME BEVERLY, BETTYE ☐ Delete  
STREET ADDRESS 1176 CHELSEA LN  
CITY-ST-ZIP HOLIDAY FL 34691

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

TITLE SAD  
NAME FOWLER, DONALD ☒ Delete  
STREET ADDRESS 3124 PINON DR.  
CITY-ST-ZIP HOLIDAY FL 34691

TITLE  
NAME TOM REAP ☐ Change ☐ Addition  
STREET ADDRESS 1202 VIKING DRIVE  
CITY-ST-ZIP Holiday, FL 34691

TITLE D  
NAME SULLIVAN, TOM ☒ Delete  
STREET ADDRESS 3151 ATLANTIS DR  
CITY-ST-ZIP HOLIDAY FL 34691

TITLE  
NAME CLAUDETTE DONNELLY ☒ Change ☐ Addition  
STREET ADDRESS 1043 NORMANDY BLVD  
CITY-ST-ZIP Holiday, FL 34691

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:

*Bettye J. Beverly* REQUIRED Bettye J. Beverly

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

0089156