

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N27873

1. Entity Name

HAWAIIAN ISLES ASSOCIATION OF COCKROACH BAY, INC

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90039 004 \*\*\*\*61.25

Principal Place of Business

4120 COCK ROACH BAY ROAD  
LOT #18  
RUSKIN FL 33570  
US

Mailing Address

C/O LU SMITH  
4120 COCKROACH BAY RD. #33  
RUSKIN FL 33570-2613  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

LOT 23

Suite, Apt. #, etc.

C/O ROSS T. FARR  
4120 COCKROACH BAY RD #67

City & State

City & State

RUSKIN, FL.

4. FEI Number

59-2661634

Applied For

Not Applicable

Zip

Country

Zip

33570

Country

U.S.A.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CURTIS, BRUCE  
4120 COCKROACH BAY RD  
# 23  
RUSKIN FL 33570

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

BRUCE CURTIS

PRESIDENT

APRIL 13/00

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 ☐ Delete  
NAME CURTIS, BRUCE  
STREET ADDRESS 4120 COCKROACH BAY ROAD LOT 23  
CITY-ST-ZIP RUSKIN FL 33570

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

TITLE VP ☒ Delete  
NAME SMITH, LUCRECIA  
STREET ADDRESS 4120 COCKROACH BAY RD  
CITY-ST-ZIP RUSKIN FL

TITLE ☒ Change ☐ Addition  
NAME VP RIDER, RICHARD K.  
STREET ADDRESS 4120 COCKROACH BAY RD. LOT 224  
CITY-ST-ZIP RUSKIN, FL. 33570

TITLE S ☒ Delete  
NAME SCHUMACHER, GLENNA  
STREET ADDRESS 4120 COCKROACH BAY RD  
CITY-ST-ZIP RUSKIN FL

TITLE ☒ Change ☐ Addition  
NAME S. WILLIAMS, IDA  
STREET ADDRESS 4120 COCKROACH BAY RD. LOT 191  
CITY-ST-ZIP RUSKIN, FL. 33570

TITLE T ☒ Delete  
NAME SINCLAIR, MAY  
STREET ADDRESS 4120 COCKROACH BAY RD.  
CITY-ST-ZIP RUSKIN FL

TITLE ☒ Change ☐ Addition  
NAME FARR, ROSCOE T.  
STREET ADDRESS 4120 COCKROACH BAY RD LOT 67  
CITY-ST-ZIP RUSKIN, FL. 33570

TITLE DT ☐ Delete  
NAME WADZINSKI, CLEMENS  
STREET ADDRESS 4120 COCKROACH BAY RD. LOT 182A  
CITY-ST-ZIP RUSKIN FL

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

TITLE DT ☐ Delete  
NAME BROWN, LOIS  
STREET ADDRESS 4120 COCKROACH BAY RD LOT 592  
CITY-ST-ZIP RUSKIN FL

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)(f), 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:

ROSCE T. FARR TREASURER APRIL 13/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)