

2000 UNIFORM BUSINESS REPORT (UBR)

2/1

DOCUMENT # N31225

1. Entity Name

HEATHER LAKES AT BRANDON COMMUNITY ASSOCIATION,

FILED

Apr 27, 2000 8:00 am
Secretary of State

02-29-2000 90161 016 ****61.25

Principal Place of Business
C/O UNIVERSITY PROPERTIES, INC.
7001 TEMPLE TERRACE HWY
TEMPLE TERRACE FL 33637
US

Mailing Address
C/O UNIVERSITY PROPERTIES, INC.
7001 TEMPLE TERRACE HWY
TEMPL TERRACE FL 33637-5734
US

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

59-2949601

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

DUARTE, ANTONIO I
11959 N FLORIDA AVE
TAMPA FL 33612

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MARTINEZ, RALPH	
STREET ADDRESS	311 PARK PLACE STE 600	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	MILLER, FRANCINE	
STREET ADDRESS	311 PARK PLACE 5-600	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	PEREZ, PETER	
STREET ADDRESS	1206 SWEET GUM DRIVE	
CITY-ST-ZIP	BRANDON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMPSON, CLAY	
STREET ADDRESS	311 PARK PLACE STE 600	
CITY-ST-ZIP	CLEARWATER FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Lashley, James		
STREET ADDRESS	311 Park Place Blvd., Suite 600		
CITY-ST-ZIP	Clearwater, FL. 34619		
TITLE		<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Cruz, Ray		
STREET ADDRESS	1601 Widelake Court		
CITY-ST-ZIP	Brandon, FL. 33511		
TITLE	VPD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Thompson, Clay		
STREET ADDRESS	311 Park Place Blvd./Suite 600		
CITY-ST-ZIP	Clearwater, FL. 34619		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-00

888-5533

Date

Daytime Phone #

CR2E037 (9/99)