

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N34892

1. Entity Name

HEATHER NEIGHBORHOOD CRIME WATCH, INC.

FILED
Sep 17, 2001 8:00 am
Secretary of State

09-17-2001 90150 034 ****61.25

Principal Place of Business

9100 NAKOMA WAY
 BROOKSVILLE FL 34613

Mailing Address

9100 NAKOMA WAY
 BROOKSVILLE FL 34613

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

59-3009194

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

GRACE, PAUL
 7393 GALLOWAY RD
 WEEKI WACHEE FL 34613

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

After September 12, 2001, min. will be \$236.25

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 NAME STREET ADDRESS CITY-ST-ZIP | PD 7 LIVINGSTON, JAMES 8445 DUNNELLON RD WEEKI WACHEE FL 34613 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T CHASE, F E 7480 ALLEN DR BROOKSVILLE FL 34613 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP TONY TORREGROSSA 8000 ROXBURGH CT BROOKSVILLE, FL 34613 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S CUMMINGS, R C BONNET WAY BROOKSVILLE FL 34613 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PAUL GRACE 7393 GALLOWAY ROAD BROOKSVILLE, FL 34613 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP BECZA, GEORGE 8441 DUNNELLON RD BROOKSVILLE FL 34613 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DSA MAURICE BUREAU 8178 STAR BRIDGE CT BROOKSVILLE, FL 34613 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: JAMES LIVINGSTON 9-11-01 352-596-5749

CR2E037 (5/01)