

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N34892

1. Entity Name

HEATHER NEIGHBORHOOD CRIME WATCH, INC.

FILED

Apr 17, 2002 8:00 am  
Secretary of State

04-17-2002 90043 041 \*\*\*\*61.25

Principal Place of Business

Mailing Address

9100 NAKOMA WAY  
BROOKSVILLE FL 34613

9100 NAKOMA WAY  
BROOKSVILLE FL 34613

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3009194**

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

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

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	<input type="checkbox"/> Delete
NAME	LIVINGSTON, JAMES	
STREET ADDRESS	8445 DUNNELLON RD	
CITY-ST-ZIP	WEEKI WACHEE FL 34613	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	TORREGROSSA, TONY	
STREET ADDRESS	8000 ROXBURGH CT	
CITY-ST-ZIP	BROOKSVILLE FL 34613	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRACE, PAUL	
STREET ADDRESS	7393 GALLOWAY ROAD	
CITY-ST-ZIP	BROOKSVILLE FL 34613	
TITLE	DS	<input type="checkbox"/> Delete
NAME	BUREAU, MAURICE	
STREET ADDRESS	8178 STURBRIDGE CT	
CITY-ST-ZIP	BROOKSVILLE FL 34613	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRACE PAUL B.	
STREET ADDRESS	7393 GALLOWAY RD.	
CITY-ST-ZIP	WEEKI WACHEE FL 34613	
TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEICHMAN RICHARD	
STREET ADDRESS	7401 GALLOWAY RD	
CITY-ST-ZIP	WEEKI WACHEE FL 34613	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUMMINGS R.C.	
STREET ADDRESS	9050 BONNET WAY	
CITY-ST-ZIP	WEEKI WACHEE FL 34613	
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUNT GINGER	
STREET ADDRESS	7420 GALLOWAY RD	
CITY-ST-ZIP	WEEKI WACHEE FL 34613	
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANDRY JOAN	
STREET ADDRESS	7428 GALLOWAY RD.	
CITY-ST-ZIP	WEEKI WACHEE FL 34613	
TITLE	AT LARGE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TORREGROSSA TONY	
STREET ADDRESS	8000 ROXBURGH CT	
CITY-ST-ZIP	BROOKSVILLE FL 34613	

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:

*Paul B. Grace* **PAUL B. GRACE** 4/8/02 352-596-6564

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)