

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 07, 2000 8:00 am**  
**Secretary of State**

03-07-2000 90059 010 \*\*\*\*61.25

**DOCUMENT # N41012**

1. Entity Name  
**GARDENS OF BEACON SQUARE LIAISON ASSOCIATION, IN**

Principal Place of Business 2189 CLEVELAND ST STE 225 CLEARWATER FL 33765	Mailing Address 2189 CLEVELAND ST STE 225 CLEARWATER FL 33765-3234
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>59-3065275</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  
**LEIGHTON, LENNARD A**  
**2189 CLEVELAND ST**  
**STE 225**  
**CLEARWATER FL 33765**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME PD DOUGLAS, DICK STREET ADDRESS 4214 TAMARGO DR CITY-ST-ZIP NEW PORT RICHEY FL 34652	<input checked="" type="checkbox"/> Delete
TITLE NAME STD WIMBERLY, JEANNE STREET ADDRESS 4334 SUNSTATE DRIVE CITY-ST-ZIP NEW PORT RICHEY FL	<input type="checkbox"/> Delete
TITLE NAME VD SHEEHAN, CHARLES STREET ADDRESS 4368 SUMMERSON DR CITY-ST-ZIP PORT RICHEY FL 34652	<input type="checkbox"/> Delete
TITLE NAME D MENZ, ROSE, H STREET ADDRESS 4217 TERRIAPIN PL CITY-ST-ZIP NEW PORT RICHEY FL	<input type="checkbox"/> Delete
TITLE NAME D STALLWORTH, CHARLES STREET ADDRESS 4248 TAMARGO DR CITY-ST-ZIP NEW PORT RICHEY FL	<input checked="" type="checkbox"/> Delete
TITLE NAME D WARD, CORRINE STREET ADDRESS 4211 TRUCIOUS PL CITY-ST-ZIP NEW PORT RICHEY FL	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME UD GESZUAIN, NANCY STREET ADDRESS 4130 STRATFORD DRIVE CITY-ST-ZIP NEW PORT RICHEY FL 34652	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME D STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME D STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME PD STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME D ALENHANDER, JULIA STREET ADDRESS 4225 TAMARGO DRIVE CITY-ST-ZIP NEW PORT RICHEY FL 34652	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME D TRAYNOR, PAUL STREET ADDRESS 4205 TOUCHTON PLACE CITY-ST-ZIP NEW PORT RICHEY FL 34652	<input type="checkbox"/> Change <input checked="" 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: SIGNATURE REQUIRED Date: 2/23/00 Daytime Phone #: 727-845-5684

CR2E037 (9/99)