

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N41012

1. Entity Name

GARDENS OF BEACON SQUARE LIAISON ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2189 CLEVELAND ST
STE 225
CLEARWATER FL 33765

2189 CLEVELAND ST
STE 225
CLEARWATER FL 33765

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

59-3065275

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

LEIGHTON, LENNARD A
2189 CLEVELAND ST
STE 225
CLEARWATER FL 33765

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 D
NAME DEMAREST, ETHEL
STREET ADDRESS 4250 TAMARGO DRIVE
CITY-ST-ZIP NEW PORT RICHEY FL 34652 ☐ Delete

TITLE VD
NAME GESZVAIN, NANCY
STREET ADDRESS 4130 STRATFORD DRIVE
CITY-ST-ZIP NEW PORT RICHEY, FL 34652 ☐ Change ☒ Addition

TITLE STD
NAME WIMBERLY, JEANNE
STREET ADDRESS 4334 SUNSTATE DRIVE
CITY-ST-ZIP NEW PORT RICHEY FL ☒ Delete

TITLE STD
NAME KENNEDY, BARBARA
STREET ADDRESS 4340 SUNSTATE DRIVE
CITY-ST-ZIP NEW PORT RICHEY, FL 34652 ☐ Change ☒ Addition

TITLE D
NAME SHEEHAN, CHARLES
STREET ADDRESS 4368 SUMMERSON DR
CITY-ST-ZIP PORT RICHEY FL 34652 ☒ Delete

TITLE D
NAME GERMANO, RICHARD
STREET ADDRESS 4219 REDCLIFF PLACE
CITY-ST-ZIP NEW PORT RICHEY, FL 34652 ☐ Change ☒ Addition

TITLE PD
NAME MENZ, ROSE, H
STREET ADDRESS 4217 TERRIAPIN PL
CITY-ST-ZIP NEW PORT RICHEY FL ☐ Delete

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

TITLE D
NAME ALENHANDER, JULIA
STREET ADDRESS 4225 TAMARGO DR
CITY-ST-ZIP NEW PORT RICHEY FL 34652 ☒ Delete

TITLE D
NAME WARD, CORINNE
STREET ADDRESS 4211 TRUCIOUS PLACE
CITY-ST-ZIP NEW PORT RICHEY, FL 34652 ☐ Change ☒ Addition

TITLE VD
NAME TRAYNOR, PAUL
STREET ADDRESS 4205 TOUCHTON PLACE
CITY-ST-ZIP NEW PORT RICHEY FL 34652 ☒ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/02

Date

777-845-5684

Daytime Phone #

CR2E037 (9/01)

0043643



DO NOT WRITE IN THIS SPACE