

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N48872

1. Entity Name

HIDDEN ISLAND ESTATES HOMEOWNERS ASSOCIATION, IN

Principal Place of Business

Mailing Address

7802 HIDDEN ISLAND LANE  
TEMPLE TERRACE FL 33617  
US

7802 HIDDEN ISLAND LANE  
TEMPLE TERRACE FL 33617-4900  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCCORMICK, SUSAN  
7802 HIDDEN ISLAND LANE  
TEMPLE TERRACE FL 33617

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 ☐ Delete  
NAME BOSS, RICHARD O  
STREET ADDRESS 7804 HIDDEN ISLAND LANE  
CITY-ST-ZIP TEMPLE TERRACE FL

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

TITLE ☐ Delete  
NAME PTS  
STREET ADDRESS MCCORMICK, CARL OR SUSAN  
CITY-ST-ZIP 7802 HIDDEN ISLAND LN  
TEMPLE TERRACE FL

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

TITLE ☐ Delete  
NAME P  
STREET ADDRESS HARTMAN, PAUL/PATRICIA  
CITY-ST-ZIP 7808 HIDDEN ISLAND LN  
TEMPLE TERRACE FL

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS TAYLOR, BILL  
CITY-ST-ZIP 7806 HIDDEN ISLAND LN  
TEMPLE TERRACE FL 33617

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS APRILE, DANNY/ANGELA  
CITY-ST-ZIP 7810 HIDDEN ISLAND LANE  
TEMPLE TERRACE FL 33617

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Susan McCormick*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-10-00 (813) 989-3937

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE  
Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

CR2E037 (9/99)