

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 19, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90070 038 \*\*\*\*\*70.00

**DOCUMENT # N97000006079**

1. Entity Name

**HIGH POINT NEIGHBORS, INC.**

Principal Place of Business

Mailing Address

5764 157TH AVE NORTH  
 CLEARWATER FL 33760

5764 157TH AVE NORTH  
 CLEARWATER FL 33760

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

**59-3497801**

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

**PETYS, MICHELE B**  
**5764 157TH AVE NORTH**  
**CLEARWATER FL 33760**

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

*Michele Bishop Petys*

**4-30-01**

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

TITLE	P	<input type="checkbox"/> Delete
NAME	EUGENE E PETYS	
STREET ADDRESS	5764 157TH AVE N	
CITY-ST-ZIP	CLEARWATER FL 33760	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MICHELE BISHOP PETYS	
STREET ADDRESS	5764 157TH AVE N	
CITY-ST-ZIP	CLEARWATER FL 33760	
TITLE	D	<input type="checkbox"/> Delete
NAME	NANCY WILLIS	
STREET ADDRESS	15438 MORGAN ST	
CITY-ST-ZIP	CLEARWATER FL 33760	
TITLE	V	<input type="checkbox"/> Delete
NAME	RAMNATH, MODAN MOHAN	
STREET ADDRESS	5764 157TH AVE N	
CITY-ST-ZIP	CLEARWATER FL 33760	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PONSHOCK, MARY	
STREET ADDRESS	15554 WAVERLY ST	
CITY-ST-ZIP	CLEARWATER FL 33760	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Eugene E Petys	
STREET ADDRESS	5764 157th Ave N	
CITY-ST-ZIP	Clearwater, FL 33760	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michele Bishop Petys	
STREET ADDRESS	5764 157th Ave N	
CITY-ST-ZIP	Clearwater, FL 33760	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nancy Willis	
STREET ADDRESS	15438 Morgan St.	
CITY-ST-ZIP	Clearwater FL 33760	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ram Nath MODAN MOHAN	
STREET ADDRESS	5764 157th Ave N	
CITY-ST-ZIP	Clearwater, FL 33760	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Judy Jarrell	
STREET ADDRESS	5764 157th Ave N	
CITY-ST-ZIP	Clearwater, FL 33760	

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 the empowered.

SIGNATURE:

*Michele Bishop Petys*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Michele Bishop Petys*

**4-30-01**

Date

**727-539-7015**

Daytime Phone #

CR2E037 (10/00)