

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90173 026 \*\*\*\*61.25

**DOCUMENT # N99000000310**

1. Entity Name

**CROSS CREEK PARCEL "K" HOMEOWNER'S ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

25 SOUTH BLVD  
 TAMPA FL 33606

325 SOUTH BLVD  
 TAMPA FL 33606

2. Principal Place of Business

3. Mailing Address

*University Properties Inc*

*University Properties Inc*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*7001 Temple Terrace Hwy*

*7001 Temple Terrace Hwy*

City & State

City & State

*Temple Terrace FL*

*Temple Terrace FL*

Zip

Zip

*33637*

Country

*33637*

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-3578376**

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

**HANSON, JACK**  
**325 SOUTH BLVD**  
**TAMPA FL 33606**

Name *Antonio Duarte III*  
 Street Address (P.O. Box Number is Not Acceptable) *11559 N. Florida Ave*

City *Tampa* **FL** Zip Code *33612*

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

*4/2/02*

**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 **PD SIKORSKI, FRED**  
 STREET ADDRESS **2901 BUSH BLVD. #601**  
 CITY-ST-ZIP **TAMPA FL 33618**

TITLE ☒ Change ☐ Addition  
 NAME *4904 EISENHOWER BLVD - STE 150*  
 STREET ADDRESS *TAMPA FL 33634*  
 CITY-ST-ZIP

TITLE ☒ Delete  
 NAME **VPD COLLINS, THERESA**  
 STREET ADDRESS **2901 BUSH BLVD. #601**  
 CITY-ST-ZIP **TAMPA FL 33618**

TITLE ☐ Change ☒ Addition  
 NAME *D-MARK Spada*  
 STREET ADDRESS *4904 EISENHOWER BLVD - STE 150*  
 CITY-ST-ZIP *Tampa FL 33634*

TITLE ☒ Delete  
 NAME **SD CRAWFORD, TOM**  
 STREET ADDRESS **2901 BUSH BLVD. #601**  
 CITY-ST-ZIP **TAMPA FL 33618**

TITLE ☐ Change ☒ Addition  
 NAME *D-CHRIS SANTORO*  
 STREET ADDRESS *4904 EISENHOWER BLVD - STE 150*  
 CITY-ST-ZIP *Tampa FL 33634*

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

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 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:

*SIGNATURE Fred SIKORSKI*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3-25-02 813-250-7400*

Date

Daytime Phone #

CR2E037 (9/01)