# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jan 20, 2001 8:00 am**
**Secretary of State**
01-20-2001 90029 009 ****61.25

0060248

DOCUMENT # N99000002606

1. Entity Name

PALM RIVER RESERVE HOMEOWNERS ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1502 SOUTH MARTI STREET<br>TAMPA FL 33629 | 1502 SOUTH MARTI STREET<br>TAMPA FL 33629 |

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 | Zip | Country |

4. FEI Number ~~APPLIED FOR~~ 59-3645150 ☐ Applied For ☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

BRILL, MORRIS LEE III
1502 SOUTH MARTI STREET
TAMPA FL 33629

**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 _____
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 / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BRILL, MORRIS LEE III<br>1502 SOUTH MARTI STREET<br>TAMPA FL 33629 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Henry R. Suarez<br>507 South 58th Street<br>Tampa, FL 33619 ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SUAREZ, HENRY R<br>2005 ELK SPRING DRIVE<br>BRANDON FL 33511 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Daniel Brucato<br>513 South 58th Street<br>Tampa, FL 33619 ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SUAREZ, KRISTEN<br>2005 ELK SPRING DRIVE<br>BRANDON FL 33511 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Michael D. Craig<br>3120 Hawthorne Rd.<br>Tampa, FL 33611 ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>DEEHL, RANDY DR<br>5708 RIVER RESERVE CT<br>TAMPA FL 33619 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Beepak Jakhotia<br>2204 Bay Club Cr.<br>Tampa, FL 33607 ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E037 (10/00)

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:** Morris Lee Brill III 1/9/2001 813-273-8215
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #