

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90022 012 ****61.25

DOCUMENT # N99000002606

1. Entity Name

PALM RIVER RESERVE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

1502 SOUTH MARTI STREET
TAMPA FL 33629

Mailing Address

1502 SOUTH MARTI STREET
TAMPA FL 33629

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

59-3645150

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

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

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 **D**
STREET ADDRESS **SUAREZ, HENRY R**
CITY-ST-ZIP **507 SOUTH 58TH ST
TAMPA FL 33619**

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **SUAREZ, HENRY R**
CITY-ST-ZIP **2005 ELK SPRING DRIVE
BRANDON FL 33511**

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **CRAIG, MICHAEL D**
CITY-ST-ZIP **3120 HAWTHORNE RD
TAMPA FL 33611**

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **DEEHL, RANDY DR**
CITY-ST-ZIP **5708 RIVER RESERVE CT
TAMPA FL 33619**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **BRUCATO, DANIEL**
CITY-ST-ZIP **513 SOUTH 58TH ST
TAMPA FL 33619**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **JAKHOTIA, DEEPAK**
CITY-ST-ZIP **2204 BAY CLUB CR
TAMPA FL 33607**

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **Craig, Michael D.**
CITY-ST-ZIP **517 South 58th St.
Tampa, FL 33619**

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **Brill, Morris Lee III**
CITY-ST-ZIP **1502 South Marti St.
Tampa, FL 33629**

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

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

TITLE ☐ Change ☐ Addition
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:

Morris Lee Brill
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/1/2002 813-273-8265

CR2E037 (9/01)