

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 90824 016 ***150.00

0548094 AV

DOCUMENT # P98000025861

1. Entity Name
STONEHEDGE REALTY, INC.

Principal Place of Business
39820 US HIGHWAY 19 NORTH
TARPON SPRINGS FL 34689

Mailing Address
39820 US HIGHWAY 19 NORTH
TARPON SPRINGS FL 34689



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 **59-3502740**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TEEVAN, RONALD P
200 NORTH GARDEN AVENUE
SUITE A
CLEARWATER FL 33755

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KURTSSELL, GLEN	
STREET ADDRESS	39820 US 19 NORTH #230	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, OLLEN	
STREET ADDRESS	39820 US HIGHWAY 19 NORTH, LOT 7	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	D	<input type="checkbox"/> Delete
NAME	THRALL, CHARLES	
STREET ADDRESS	39820 US 19 NORTH #33	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BAUER, EUGENE	
STREET ADDRESS	39820 US 19 NORTH #98	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	D	<input type="checkbox"/> Delete
NAME	GILL, DONALD	
STREET ADDRESS	39820 US 19 NORTH # 169	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORTON, LOUISE	
STREET ADDRESS	39820 US 19 NORTH #220	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEETEM, ART	
STREET ADDRESS	39820 US 19 North, #25	
CITY-ST-ZIP	Tarpon Springs, FL 34689	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MC GINNIS, DONALD	
STREET ADDRESS	39820 US 19 North, #175	
CITY-ST-ZIP	Tarpon Springs, FL 34689	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Donald Gill

Donald Gill

3/19/02

727-934-7917

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)