

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 729441

1. Entity Name

RAMBLEWOOD CONDOMINIUM ASSOCIATION OF ALTAMONTE

**FILED**  
**Feb 16, 2000 8:00 am**  
**Secretary of State**

02-16-2000 90067 026 \*\*\*\*61.25

Principal Place of Business

Mailing Address

2180 WEST SR 434  
SUITE 5000  
LONGWOOD FL 32779-5044  
US

2180 W SR. 434  
SUITE 5000  
LONGWOOD FL 32779  
US

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

59-1740804

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

JAMES W. HART JR  
SENTRY MANAGEMENT INC  
2180 W SR. 434, SUITE 5000  
LONGWOOD FL 32779

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	D	<input type="checkbox"/> Delete
NAME	ALBERT, ARTHUR	
STREET ADDRESS	880 JONATHON WAY	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HALL, NORMA	
STREET ADDRESS	897 CLAYDON WAY	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	FENN, FRED	
STREET ADDRESS	894 CLATDON WAY	
CITY-ST-ZIP	ALTAMONTE SPGS FL 32701	
TITLE	TD	<input type="checkbox"/> Delete
NAME	JONES, DAVID N	
STREET ADDRESS	893 JONATHON WAY	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PORTMAN, GRACE	
STREET ADDRESS	687 MELANIE LANE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBERT, ARTHUR JIM	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REECE, STEVE	
STREET ADDRESS	691 MELANIE LN	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	898 CLAYDON WAY	
STREET ADDRESS	ALTAMONTE SPRINGS FL 32701	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)