2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # 731489** Jan 13, 2000 8:00 am 1. Entity Name **Secretary of State** SEVILLA OWNERS ASSOCIATION, INC. 01-13-2000 90005 007 ****61.25 Principal Place of Business Mailing Address P O BOX 1344 P O BOX 1344 WINTER PARK FL 32790-1344 WINTER PARK FL 32790 2. Principal Place of Business Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3431969 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GRUBB, JOHN C 326 VALERA CT. WINTER PARK FL 32789 ment for the purpose of changing its registered office or registered agent, or both, in the state of Florida 8. The above named entity subjects this state SIGNATURE Signature, typed or pri FILE NOW: Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Change Delete TITLE TITI F GRUBB, JOHN C NAME NAME STREET ADDRESS STREET ADDRESS 326 VALERA CT CITY-ST-7IP CITY-ST-ZIP winter Park Fl ☐ Addition ☐ Change □ Delete TITLE SUTTON, GERALD S NAME STREET ADDRESS STREET ADDRESS 310 SALVADOR SQUARE CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL Addition TITLE ☐ Delete TITLE Change NAME YERGEY, DAVID NAME 269 SALVADOR SQUARE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER PRK FL Addition 🖊 Delete TITLE NAME **HEWIT, JAMES** NAME STREET ADDRESS STREET ADDRESS 1664 BARCELONA WAY CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32789 TITLE Change ☐ Addition ☐ Delete TITLE CAVE, RICHARD NAME NAME STREET ADDRESS STREET ADDRESS 221 SALVADOR SQ CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32789 ☐ Change TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with the 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 true empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the receiver of of of the corporation or the receiver or changed, or on an attachment with