

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 749753

1. Entity Name

FAIRVIEW VISTA CONDOMINIUM ASSOCIATION, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90041 009 ****61.25

Principal Place of Business

Mailing Address

100 E. SYBELIA AVE.
 SUITE 130
 MAITLAND FL 32751

100 E. SYBELIA AVE.
 SUITE 130
 MAITLAND FL 32751-4773

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

59-2021943

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

KIEBZAK, KEITH R
 KL MANAGEMENT GROUP, INC.
 100 E. SYBELIA AVE., SUITE 130
 MAITLAND FL 32751

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	VD	<input checked="" type="checkbox"/> Delete
NAME	GIANNINI, ELAINE	
STREET ADDRESS	100 E. SYBELIA AVE. #130	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	STUMP, PATRICIA	
STREET ADDRESS	100 E. SYBELIA AVE. #130	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	PD	<input type="checkbox"/> Delete
NAME	REEVES, JO J.	
STREET ADDRESS	100 E. SYBELIA AVE. #130	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	D	<input type="checkbox"/> Delete
NAME	SIECK, LILITH	
STREET ADDRESS	100 E. SYBELIA AVE. #130	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MCINTIRE, LLOYD	
STREET ADDRESS	100 E. SYBELIA AVE. #130	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TUELL, PHYLLIS	
STREET ADDRESS	100 E. SYBELIA AVE #130	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOBIN, ANTHONY	
STREET ADDRESS	100 E. SYBELIA AVE #130	
CITY-ST-ZIP	MAITLAND FL 32751	
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 type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CORNELIUS, SARI	
STREET ADDRESS	100 E. SYBELIA AVE #130	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Reeves

4/28/00 407/740-8081

CR2E037 (9/99)