

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 759832**

1. Entity Name

AMBASSADOR EAST CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

436 KNOWLES AVE (WINTER PARK, FL 32789)
WINTER PARK FL 32789
US

Mailing Address

PO BOX 1132
WINTER PARK FL 32790
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

59-2852409

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

BLACK, WILLIAM H., JR.
1615 ALGONQUIN TRAIL
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
BLACK, WILLIAM H., JR.
1615 ALGONQUIN TRAIL
MAITLAND FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
BLACK, WILLIAM H.
1615 ALGONQUIN TRAIL
MAITLAND FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
BLACK, MICHAEL D.
1615 ALGONQUIN TRAIL
MAITLAND FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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 REQUIRED

1-7-2001

Date

Daytime Phone #

4072570235

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90013 037 ****61.25

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DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)