

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N07706

1. Entity Name

THE ESTATES AT SPRINGS LANDING HOMEOWNERS ASSOCI

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90069 023 ****61.25

Principal Place of Business

Mailing Address

165 W SR 434
WINTER SPRINGS FL 32708
US

PO BOX 950455
LAKE MARY FL 32795-0455
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

59-2920523

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

EPM SERVICES, INC.
165 WEST STATE ROAD 434
WINTER SPRINGS FL 32708

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

Anne H Russell Anne H Russell, President EPM Services 3/15/00
(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 VPD ☐ Delete
NAME DEBELLAS, TONY
STREET ADDRESS 549 ESTATES PLACE
CITY-ST-ZIP LONGWOOD FL

TITLE D ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☐ Delete
NAME THARP, GARY
STREET ADDRESS 2083 BILTMORE POINT
CITY-ST-ZIP LONGWOOD FL

TITLE V D ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD ☒ Delete
NAME ERICKSSON, BECKY
STREET ADDRESS 2050 SPRINGS LANDING BLVD
CITY-ST-ZIP LONGWOOD FL 32779

TITLE S T D ☐ Change ☒ Addition
NAME Strischek, Martin
STREET ADDRESS 530 Estates Place
CITY-ST-ZIP Longwood, FL 32779

TITLE D ☐ Delete
NAME JOHARY, CARLOS
STREET ADDRESS 2019 VANDERBILT POINT
CITY-ST-ZIP LONGWOOD FL

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

TITLE D ☐ Delete
NAME JAEGER, JOERG
STREET ADDRESS 217 E. IVANHOE BLVD. NO.
CITY-ST-ZIP ORLANDO FL 32804

TITLE P D ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 information.

SIGNATURE:

SIGNATURE OF OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)