

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

May 28, 2002 8:00 am
Secretary of State

05-28-2002 90723 040 ****61.25

DOCUMENT # N08880

1. Entity Name

ASSOCIATION OF SOUTHBROOKE CONDOMINIUM II, INC.

Principal Place of Business

Mailing Address

LELAND MANAGEMENT
1633 E. VINE ST SUITE 110
KISSIMMEE, FL 34744

LELAND MANAGEMENT
1633 E. VINE ST SUITE 110
KISSIMMEE, FL 34744



DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2646081

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

LELAND MANAGEMENT, INC.
1633 E. VINE STREET
SUITE 110
KISSIMMEE FL 34744

Name *Rebecca Furlow*
LELAND MANAGEMENT
1633 E. VINE ST SUITE 110
KISSIMMEE, FL 34744

FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered agent.

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 ~~STB~~ PD ☐ Delete
NAME DEMATTOS, JOE
STREET ADDRESS 4838 S. SEMORAN BLVD., SUITE 908
CITY-ST-ZIP ORLANDO FL 32822

TITLE SD ☐ Change ☐ Addition
NAME WILLIAMS, LEOLA
STREET ADDRESS 4838 S. SEMORAN BLVD. # 903
CITY-ST-ZIP ORLANDO, FL 32822

TITLE STD ☒ Delete
NAME BAGWELL, BRENDA
STREET ADDRESS 2061 WEMBLEY PLACE
CITY-ST-ZIP OVIEDO FL 32765

TITLE TD ☐ Change ☐ Addition
NAME JOHNSON, DAN
STREET ADDRESS 4822 S. SEMORAN BLVD. # 804
CITY-ST-ZIP ORLANDO, FL 32822

TITLE ~~VPD~~ ☒ Delete
NAME PAPKE, ALLEN
STREET ADDRESS 12228 LAKE MARY JANE ROAD
CITY-ST-ZIP ORLANDO FL 32832

TITLE ☐ 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

TITLE ☐ Delete
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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 like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/02

Date

(407) 3537490

Daytime Phone #

CR2E037 (9/01)