

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N18532

1. Entity Name

FLORAL PARK, RANCH ESTATES & PONDEROSA HOMEOWNER

Principal Place of Business

5616 41ST STREET
VERO BEACH FL 32967

Mailing Address

5616 41ST STREET
VERO BEACH FL 32967-1628

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2782414

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PEGG, ROBERT L.
1428 21ST STREET
VERO BEACH FL

7. Name and Address of New Registered Agent

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	D	☐ Delete
NAME	MCKINNEY, MARY B.	
STREET ADDRESS	5616 41ST STREET	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	D	☐ Delete
NAME	GIPSON, GODFREY	
STREET ADDRESS	4136 57TH COURT	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	D	☐ Delete
NAME	BROWN, MARGARET	
STREET ADDRESS	4115 57TH COURT	
CITY-ST-ZIP	VERO BEACH FL 32967	
TITLE	D	☐ Delete
NAME	GIPSON, ROSA	
STREET ADDRESS	4155 57 ST.	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	D	☐ Delete
NAME	HUNTER, RICHARD	
STREET ADDRESS	4276 57 COURT	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	D	☐ Delete
NAME	WILSON, LEONARD, A	
STREET ADDRESS	4205-57TH CT.	
CITY-ST-ZIP	VERO BCH. FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90041 028 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)