

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2002 8:00 am**  
**Secretary of State**

0089767

**DOCUMENT # N32782**

1. Entity Name

**PLANTATION RESIDENTS ORGANIZATION, INC.**

03-06-2002 90034 026 \*\*\*\*61.25

Principal Place of Business <b>P.O. BOX 491544 LEESBURG FL 34749-8544</b>	Mailing Address <b>P.O. BOX 491544 LEESBURG FL 34749-8544</b>
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DO NOT WRITE IN THIS SPACE

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 <b>59-2957646</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**SEWELL, STEPHEN  
907 WEBSTER  
LEESBURG FL 32748**

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 \_\_\_\_\_ (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 <b>TD</b>	<input type="checkbox"/> Delete
NAME <b>BONO, JOYCE M</b>	
STREET ADDRESS <b>4740 TARA VIEW ROAD</b>	
CITY-ST-ZIP <b>LEESBURG FL 34748</b>	
TITLE <b>PD</b>	<input type="checkbox"/> Delete
NAME <b>SENDELBACH, BILL</b>	
STREET ADDRESS <b>3835 PLANTATION BLVD</b>	
CITY-ST-ZIP <b>LEESBURG FL 34748</b>	
TITLE <b>VP</b>	<input type="checkbox"/> Delete
NAME <b>FIMMANO, CARL</b>	
STREET ADDRESS <b>4726 TARA VIEW ROAD</b>	
CITY-ST-ZIP <b>LEESBURG FL 34748</b>	
TITLE <b>SD</b>	<input checked="" type="checkbox"/> Delete
NAME <b>HOAG, SHIRLEY</b>	
STREET ADDRESS <b>4318 LEAFWAY CIRCLE</b>	
CITY-ST-ZIP <b>LEESBURG FL 34748</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> Delete
NAME <b>DAVIS, DICK</b>	
STREET ADDRESS <b>26011 GLEN EAGLE DR</b>	
CITY-ST-ZIP <b>LEESBURG FL 34748</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> Delete
NAME <b>MAGGIN, LUE</b>	
STREET ADDRESS <b>25434 CRESTWATER DRIVE</b>	
CITY-ST-ZIP <b>LEESBURG FL 34748</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" 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: *Joyce M. Bono* **JOYCE M. BONO** 2/15/02 352-326-3555

CR2E037 (9/01)