

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2000 8:00 am**  
**Secretary of State**

02-11-2000 90013 035 \*\*\*\*61.25

**DOCUMENT # N33096**

1. Entity Name

**SOUTHCHASE PARCEL 6 COMMUNITY ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

820 PALMWAY  
 820 PALMWAY ST  
 KISSIMMEE FL 34744  
 US

820 PALMWAY ST  
 820 PALMWAY ST  
 KISSIMMEE FL 34744-4542  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**59-3023308**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

**VICKI FERDINANDSEN**  
**WORLD OF HOMES**  
**820 PALMWAY ST**  
**KISSIMMEE FL 34744**

Name **Vicki Diaz**  
 Street Address (P.O. Box Number is Not Acceptable)  
**WORLD OF HOMES**  
**820 Palmway St**  
 City **Kissimmee FL 34744**

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

*[Handwritten Signature]*

**2700**

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	PD	<input type="checkbox"/> Delete
NAME	TIM, LINSTA D	
STREET ADDRESS	1416 ABBERTON CT	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	TOM MAHONEY	
STREET ADDRESS	1421 BRADWELL CT	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	BEN PINSKY	
STREET ADDRESS	12526 BRAXTON CT	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	STD	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/>
NAME	Rubay Hudso		
STREET ADDRESS	12541 Westhope DR.		
CITY-ST-ZIP	Orlando FL 32837		
TITLE	VPD	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/>
NAME	Karen Stata		
STREET ADDRESS	18440 Braxton DR.		
CITY-ST-ZIP	Orlando FL 32837		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Handwritten Signature]* **Linstad**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #