

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 12, 2000 8:00 am**  
**Secretary of State**

01-12-2000 90081 020 \*\*\*\*61.25

**DOCUMENT # N40329**

1. Entity Name

**LANSING RIDGE HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

P. O. BOX 361172  
 MELBOURNE FL 32936-1172  
 US

P O BOX 361172  
 MELBOURN. FL  
 MELBOURNE FL 32936-1172  
 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

**59-3065278**

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

**KISS, EUGENE A.**  
**2108 APPALACHIAN DR.**  
**SUITE 1000**  
**MELBOURNE FL 32935**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	MURATORE, ANN	2560 GROUDTETON BLVD	MELBOURNE FL 32935	<input type="checkbox"/>
VP	DONELDRIGE	2321 APPALACHIAN DR	MELBOURNE FL 32935	<input type="checkbox"/>
TR	ANTOLICK, EMIL	2141 GROUDTETON BLVD	MELBOURNE FL 32935	<input type="checkbox"/>
S	DADE, BOB	2161 APPALALHLON DR	MELBOURN FL 32935	<input type="checkbox"/>
D	STEVE CHERISHIAN	2016 ADIRON DOCK CIR	MELBOURNE FL 32935	<input type="checkbox"/>
D	HAMILTON, ART	2059 ALLEGHANEY	MELBOURNE FL	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
P	EUGENE A KISS	2108 APPALACHIAN DR.	MELBOURNE, FLORIDA 32935	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
D	GLORIA BATTLE	2135 ROYAL POINCIANA BLVD	MELBOURNE, FLORIDA 32935	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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:** *Eugene A. Kiss* **EUGENE A. KISS** **PRESIDENT** 01/04/00 407-254-7311

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2000 10/00