

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**  
 05-16-2000 90065 028 \*\*\*\*61.25

**DOCUMENT # N43846**

1. Entity Name

**EDGEWOOD VILLAGE ASSOCIATION, INC.**

Principal Place of Business

1633 E. VINE STREET  
 #109  
 KISSIMMEE FL 34744

Mailing Address

1633 E. VINE STREET  
 #109  
 KISSIMMEE FL 34744-3700

2. Principal Place of Business

P.O. Box 592675

3. Mailing Address

P.O. Box 592625

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
 ORLANDO, FL

City & State  
 ORLANDO, FL

4. FEI Number  
 59-3153281

Applied For  
 Not Applicable

Zip Country  
 32859-2675 USA

Zip Country  
 32859-2675 USA

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~~  
~~#109~~  
~~KISSIMMEE FL 34744~~

Name  
 KEN SMITH

Street Address (P.O. Box Number is Not Acceptable)

649 LAKE HARBOR CIRCLE

City ORLANDO FL Zip Code 32809

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  
 KEN SMITH, PRESIDENT

4/26/00

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	PD SMITH, KENNETH 7512 SUGAR BEND DRIVE ORLANDO FL 32819	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>VD DEVANE, DEED 4135 FORRESTAL PLACE ORLANDO FL 32806</del>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>STD BILLHIME, LISA 691 LAKE HARBOR CIRCLE ORLANDO FL 32809</del>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, KENNETH 649 LAKE HARBOR CIRCLE ORLANDO, FL 32809	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VANDEGRIFT, RABAN 655 LAKE HARBOR CIRCLE ORLANDO, FL 32809	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DEVANE, DEE DEE 660 LAKE HARBOR CIRCLE ORLANDO, FL 32809	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: KEN SMITH, PRESIDENT

4/26/00 407 491-7182

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)