

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000001364

1. Entity Name

VILLAS OF KINGS CROSSING CONDOMINIUM ASSOCIATION

Principal Place of Business

Mailing Address

12607 SW KINGSWAY CR
LAKE SUZY FL 34266
US

12607 SW KINGSWAY CR
LAKE SUZY FL 34266-4581
US

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

65-0335236

Applied For

Not Applicable

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

Name

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

City

FL

Zip Code

WALDRON, EUGENE E JR
124 N BREVARD AVE
ARCADIA FL 34266

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	☐ Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition
AD	BISHOP, BRAD	12607 SW KINGSWAY CIR	LAKE SUZY FL 34266	☐ Delete					☐ Change	☐ Addition
VPTD	BISHOP, LISA	12607 KINGSWAY CIR	LAKE SUZY FL 34266	☐ Delete					☐ Change	☐ Addition
SD	CHUFAN, GENE	12609 SW KINGSWAY CIRCLE	LAKE SUZY FL 34266	☐ Delete					☐ Change	☐ Addition
D	GREENE, JOAN	265 TAMiami TRAIL	PUNTA GORDA FL 33912	☐ Delete					☐ Change	☐ Addition
				☐ Delete					☐ Change	☐ Addition
				☐ Delete					☐ Change	☐ 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:

Signature of Brad Bishop
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90087 028 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)