

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000002598

1. Entity Name

ECON OAKS HOMEOWNERS ASSOCIATION OF ORLANDO, INC

Principal Place of Business

861 MELLOWOOD AVE
ORLANDO FL 32825
US

Mailing Address

861 MELLOWOOD AVE
ORLANDO FL 32825
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

59-3198962

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HILL, PETER N.
837 MELLOWOOD AVE
ORLANDO FL 32825

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

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 NAME	DP BELL, JOE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	843 MELLOWOOD AVE ORLANDO FL 32825	
TITLE NAME	VD BUTLER, JOHN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	9427 RAVON DELL ST ORLANDO FL 32825	
TITLE NAME	SD BROCK, JIM	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	9427 RAVEN DELL ST ORLANDO FL 32825	
TITLE NAME	TD UTZ, DEBORAH	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	861 MELLOWOOD AVE ORLANDO FL 32825	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	DP Jacobs, Tracie	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	9330 Raven Dell St. Orlando, FL 32825	
TITLE NAME	VD Miles, Mindy	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	874 Mellowood Ave. Orlando, FL 32825	
TITLE NAME	SD - Friends, Vern	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	819 Mellowood Ave. Orlando, FL 32825	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		

500003465235-9
-11/15/00-0113-018774
*****61.25*****61.25

KE

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: *Deborah Utz*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Deborah Utz

9-8-00

Date

(407)

275-7304

Daytime Phone

CR2E037 (5/00)

FILED
00 OCT 27 PM 2:06
SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

Oct. 24, 2000

To Whom It May Concern,

Enclosed is a copy of the 2000 Uniform Business Report that I mailed to your office on Sept. 8th.

I recently received a Notice of Administrative Dissolution or Revocation, which leads me to believe that you have not received my original filing.

I also checked our H.O.A. bank statements and have found that the original check has not cleared.

So along with a copy of the original filing, please find another check for \$161.25.

If the original form & check reach your office, please let me know.

Thank you for your time.

Deborah Utz

Deborah Utz
Treasurer

Econ Oaks HOA.