

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90119 017 \*\*\*\*61.25

**652171**

**DOCUMENT #** N93000004491  
**1. Entity Name**  
 DeBary Plantation Unit 7A Homeowners Assn., Inc.

**Principal Place of Business** Mailing Address  
 5695 Beggs Road, Suite B-100  
 Orlando, FL 32810

**2. Principal Place of Business** **3. Mailing Address**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 Suite B-100

**City & State** **City & State**  
 Orlando, FL

**Zip** **Country** **Zip** **Country**  
 32810 US

**4. FEI Number** **Applied For**  
 59-3207904  Not Applicable

**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
 MC Property Management  
 5370 Gulf of Mexico Drive  
 Longboat Key, FL 34228

**7. Name and Address of New Registered Agent**  
 Name Harkley R. Thornton, Esq.  
 Street Address (P.O. Box Number is Not Acceptable) 5695 Beggs Road, Suite B-100  
 City Orlando **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** Harkley R. Thornton **DATE** 4-18-00  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW:**  
**FEE IS \$61.25**

**9. Election Campaign Financing**  **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**Make Check Payable to Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	German, Allan	
STREET ADDRESS	391 Foxhill Drive	
CITY-ST-ZIP	DeBary, FL 32713	
TITLE	T	<input type="checkbox"/> Delete
NAME	Cumming, Leland	
STREET ADDRESS	336 Fernhill Drive	
CITY-ST-ZIP	DeBary, FL 32713	
TITLE	V	<input type="checkbox"/> Delete
NAME	Ripple, David	
STREET ADDRESS	343 Foxhill Drive	
CITY-ST-ZIP	DeBary, FL 32713	
TITLE	S±	<input checked="" type="checkbox"/> Delete
NAME	Cook, Karen	
STREET ADDRESS	300 Fernhill Drive	
CITY-ST-ZIP	DeBary, FL 32713	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	Steele, Wayne	
STREET ADDRESS	326 Foxhill Court	
CITY-ST-ZIP	DeBary, FL 32713	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Quirk, William T.	
STREET ADDRESS	413 Fenwick Court	
CITY-ST-ZIP	DeBary, FL 32713	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S±	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Roach, Raymond	
STREET ADDRESS	487 Foxhill Drive	
CITY-ST-ZIP	DeBary, FL 32713	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rape, John	
STREET ADDRESS	409 Fenwick Court	
CITY-ST-ZIP	DeBary, FL 32713	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**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:** William T Quirk **DATE** 4/10/00 **Daytime Phone #** 904-275-9473  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2527 (0/00)