CR2E037

Daytime Phone #

## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF

## **FILED** DOCUMENT # **N95000000985** Apr 18, 2000 8:00 am Secretary of State KENSINGTON AT CHAPEL TRAIL HOMEOWNERS' ASSOCIATI 04-18-2000 90055 025 \*\*\*\*61.25 Principal Place of Business Mailing Address 3300 UNIVERSITY DR 3300 UNIVERSITY DR CORAL SPRINGS FL 33065-4130 CORAL SPRINGS FL 33065 us 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0384808 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 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) UNITED COMMUNITY MGMT CORP. 3300 UNIVERSITY DR #405 City Zip Code **CORAL SPRINGS FL 33065** FL 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 DATE **FILE NOW:** 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. FEE IS \$61.25 Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Addition TITLE Delete TITLE Change NAME NAME FREER, MICHAEL JAY STREET ADDRESS STREET ADDRESS 18737 NW 13TH CT CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL Addition TITLE TITLE ☐ Change TD NAME RIVAS, GIL NAME STREET ADDRESS 8946 DW STREET ADDRESS 1041 NW 190TH AVE CITY-ST-70P CITY-ST-7IP PEMBROKE PINES FL ☐ Addition TITLE ☐ Delete TITLE NAME VOLLOUICK, HOWARD NAME STREET ADDRESS STREET ADDRESS 19162 NW 12 CT CITY-ST-7IP CITY-ST-ZIP <u>Pembroke Pines Fl</u> Delete TITLE VPSD TITLE Change ☐ Addition NAME KEDZERSKI, RAY NAME STREET ADDRESS STREET ADDRESS 1021 NW 188 AVENUE CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME **BLOCK, ALAN** STREET ADDRESS STREET ADDRESS 19183 NW 12 CT CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FI 5D Change ☐ Addition TITLE ☐ Delete TITLE NAME MUCK, JEFF NAME STREET ADDRESS STREET ADDRESS 19010 NW 10 81 CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES on supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information emental 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 ror trustee empowered to execute his eport as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the in indicated on this report of the corporation or the changed, or on an att