

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2000 8:00 am**  
**Secretary of State**

02-07-2000 90015 043 \*\*\*\*61.25

**DOCUMENT # N95000005105**  
 1. Entity Name  
**PRAIRIE LAKE VILLAGE HOA, INC.**

Principal Place of Business 1350 ORANGE AVE SUITE 100 WINTER PARK FL 32789	Mailing Address C/O ATTWOOD-PHILLIPS, INC PO BOX 1208 WINTER PARK FL 32790-1208
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State	City & State	4. FEI Number <b>59-3341229</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  
**ATTWOOD-PHILLIPS, INC**  
**1350 ORANGE AVE**  
**SUITE 100**  
**WINTER PARK FL 32789**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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 Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>SILVESTRI, PAUL</b>	
STREET ADDRESS	<b>3033 CHIMNEY ROCK STE 400</b>	
CITY-ST-ZIP	<b>HOUSTON TX 77056</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>TRULLI, GIULIO</b>	
STREET ADDRESS	<b>3033 CHIMNEY ROCK STE 400</b>	
CITY-ST-ZIP	<b>HOUSTON TX 77056</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> Delete
NAME	<b>ADKINS, RIC</b>	
STREET ADDRESS	<b>250 PARK AVE SOUTH STE 300</b>	
CITY-ST-ZIP	<b>WINTER PARK FL 32789-4388</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SILVESTRI, DAN</b>	
STREET ADDRESS	<b>3033 CHIMNEY ROCK STE 400</b>	
CITY-ST-ZIP	<b>HOUSTON TX 77056</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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:** SILVESTRI, PAUL **SILVESTRI** 1/20/99 (713) 785-6272  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #