

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N97000004545**

1. Entity Name

LAKE FISCHER ESTATES HOMEOWNERS ASSOCIATION, INC**FILED**
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90211 021 ****61.25

Principal Place of Business

Mailing Address

**3300 UNIVERSITY BLVD., STE. 253
WINTER PARK FL 32792****6767 N WICKHAM RD
SUITE 500
MELBOURNE FL 32940-2027
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

59-3471341

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

**FRESE, GARY B
930 S. HARBOR CITY BLVD., STE. 505
MELBOURNE FL 32901**

Name

Keith Buescher

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

6767 N. Wickham Road, Suite 500

City

Melbourne**FL**Zip Code
32940

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 **Keith Buescher, President**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/4/2000**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
DP	TORO, MARGARET	3300 UNIVERSITY BLVD., STE. 253	WINTER PARK FL 32792	<input checked="" type="checkbox"/>	DVP	Buescher, Keith	6767 N. Wickham Road, Suite 500	Melbourne, FL 32940	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DV	WOLFE, JACK	3300 UNIVERSITY BLVD., STE. 253	WINTER PARK FL 32792	<input type="checkbox"/>	PD	Wolfe, Jack	3300 University Blvd., Ste 253	Winter Park, FL 32792	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DT	SMITHWICK, ROBERT	3300 UNIVERSITY BLVD., STE. 253	WINTER PARK FL 32792	<input checked="" type="checkbox"/>	DS	Kush, Robert M.	6767 N. Wickham Road, Suite 500	Melbourne, FL 32940	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	DT	Alvarez, Chris	6767 N. Wickham Road, Suite 500	Melbourne, FL 32940	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/4/2000 407.259.6972
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