

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005609

1. Entity Name

LONGWOOD CLUB HOMEOWNERS' ASSOCIATION, INC.

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90162 045 \*\*\*\*61.25

Principal Place of Business

Mailing Address

2973 W SR 434, #400  
LONGWOOD FL 32779

P.O. BOX 1208  
WINTER PARK FL 32790-1208

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3474549

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PHILLIPS, ATTWOOD V.  
ATTWOOD PHILLIPS, INC.  
1350 ORANGE AVENUE  
WINTER PARK FL 32789

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 reinstating)

DATE

**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 PD ☒ Delete  
NAME MELAMED, ELI  
STREET ADDRESS 2973 W SR 434, #400  
CITY-ST-ZIP LONGWOOD FL 32779

TITLE PD ☐ Change ☒ Addition  
NAME Small, Pete  
STREET ADDRESS 380 South North Lake Blvd, STE 1012  
CITY-ST-ZIP Altamonte, Springs, FL 32701

TITLE STD ☒ Delete  
NAME MELAMED, RITA  
STREET ADDRESS 2973 W SR 434, #400  
CITY-ST-ZIP LONGWOOD FL 32779

TITLE VSD ☐ Change ☒ Addition  
NAME WATERS, MARCUS L JR.  
STREET ADDRESS 380 S North Lake Blvd, #1012  
CITY-ST-ZIP Altamonte Springs, FL 32701

TITLE VD ☒ Delete  
NAME KNUTSON, DONALD  
STREET ADDRESS 380 S NORTH LAKE BLVD, #1012  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

TITLE STD ☐ Change ☒ Addition  
NAME Appleman, Jack  
STREET ADDRESS 380 S. North Lake Blvd, #1012  
CITY-ST-ZIP Altamonte Springs, FL 32701

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED President

1/13/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)