

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000002518

1. Entity Name

ROCK SPRINGS RIDGE HOMEOWNERS ASSOCIATION, INC.

FILED

May 09, 2000 8:00 am
Secretary of State

05-09-2000 90030 010 ****61.25

Principal Place of Business

Mailing Address

401 W COLONIAL DRIVE
STE 7
ORLANDO FL 32804

401 W COLONIAL DRIVE
STE 7
ORLANDO FL 32804-6869

2. Principal Place of Business

444 W. New England Ave
Suite, Apt. #, etc. Suite B

City & State
Winter Park, FL
Zip 32789 Country

3. Mailing Address

444 W. New England Ave
Suite, Apt. #, etc. Suite B

City & State
Winter Park, FL
Zip 32789 Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3511407

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FANT, JAMES H
401 W COLONIAL DRIVE
STE 7
ORLANDO FL 32804

7. Name and Address of New Registered Agent

Name

BRETT M. JORDAN

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

444 W. New England Ave.
Suite B

City

Winter Park

FL

Zip Code

32789

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	FANT, JAMES H	401 W COLONIAL DR, #7	ORLANDO FL 32804	<input type="checkbox"/>
STD	CONANT, ELIZABETH	401 W COLONIAL DR, #7	ORLANDO FL 32804	<input type="checkbox"/>
VD	LEGG, VERA	401 W COLONIAL DR, #7	ORLANDO FL 32804	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<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"/>	<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

4/18/00 (407) 425 8276
Date Daytime Phone #

CR2E037 (9/99)