

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90037 042 \*\*\*\*61.25

**DOCUMENT # N99000000983**

1. Entity Name

**SPRING GLEN HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

**% LELAND MANAGEMENT INC.**  
**1633 E. VINE ST. SUITE 110**  
**KISSIMMEE FL 34744**

Mailing Address

**% LELAND MANAGEMENT INC.**  
**1633 E. VINE ST. SUITE 110**  
**KISSIMMEE FL 34744**

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

**59-3471540**

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

**GRAY JOHN C JR.**  
**1633 E VINE ST**  
**SUITE 110**  
**KISSIMMEE FL 34744**

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	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>GRAY, JOHN C JR.</b>	
STREET ADDRESS	<b>36 SOUTH U.S. HIGHWAY 17-92 #100</b>	
CITY-ST-ZIP	<b>DEBARY FL 32713</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CARMICHAEL, WILLIAM</b>	
STREET ADDRESS	<b>3504 LAKE LYNDA DRIVE #170</b>	
CITY-ST-ZIP	<b>OVEIDO FL 32817</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SEGAL, WILLIAM M</b>	
STREET ADDRESS	<b>36 SOUTH U.S. HIGHWAY 17-92 #100</b>	
CITY-ST-ZIP	<b>DEBARY FL 32713</b>	
TITLE	<b>VST</b>	<input type="checkbox"/> Delete
NAME	<b>SEGAL, BILL</b>	
STREET ADDRESS	<b>36 SOUTH U.S. HIGHWAY 17-92 #100</b>	
CITY-ST-ZIP	<b>DEBARY FL 32713</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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
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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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/02

Date

386-668-6600

Daytime Phone #

CR2E037 (9/01)