

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 729387

1. Entity Name

THE WEKIVA HUNT CLUB COMMUNITY ASSOCIATION, INC.

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90163 050 \*\*\*\*61.25

Principal Place of Business

Mailing Address

239 HUNT CLUB BLVD.  
SUITE 101  
LONGWOOD FL 32779  
US

P.O. BOX 915707  
LONGWOOD FL 32791-5707  
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

59-1531241

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

TAYLOR, ROBERT LOCKE  
1900 SUMMIT TOWER BLVD  
SUITE 800  
ORLANDO FL 32810

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	P	<input type="checkbox"/> Delete
NAME	NESS, CHARLES	
STREET ADDRESS	201 CHURCHILL DRIVE	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SACHER, THOMAS	
STREET ADDRESS	109 COLYER DRIVE	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEAL, DEBORAH	
STREET ADDRESS	436 NEWTON PLACE	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	P	<input type="checkbox"/> Delete
NAME	SACHER, THOMAS	
STREET ADDRESS	109 COLYER DR	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBINSON, SANDY	
STREET ADDRESS	112 DONNINGTON COURT	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAMIANI, LUI	
STREET ADDRESS	113 WEST WYNDHAM COURT	
CITY-ST-ZIP	LONGWOOD FL 32779	

TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Orr, Amy	
STREET ADDRESS	2443 Canterclub Trail	
CITY-ST-ZIP	Apopka, FL 32712	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marini, Grace	
STREET ADDRESS	105 Lyndhurst Drive	
CITY-ST-ZIP	Longwood, FL 32779	
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	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Damiani, Lui	
STREET ADDRESS	113 West Wyndham Court	
CITY-ST-ZIP	Longwood, FL 32779	

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:

*Sandra Robinson* Sandra Robinson, Director 1/6/00 407-788-0381

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)