2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # **N13361** Feb 23, 2000 8:00 am 1. Entity Name **Secretary of State** BRYN MAWR HOMEOWNERS ASSOCIATION UNIT #8, INC. 02-23-2000 90002 002 ****61.25 Principal Place of Business Mailing Address 2180 W. STATE ROAD 434 2180 W. STATE ROAD 434 SUITE 5000 SUITE 5000 LONGWOOD FL 32779-5042 LONGWOOD FL 32779 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2699188 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) HART, JR. J W. SENTRY MANAGEMENT, INC. 2180 W. STATE ROAD 434, SUITE 5000 City Zip Code LONGWOOD FL 32777 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 DATE Signature, typed or printed name of registered agent and title if applicable Make Check Payable to 9. Election Campaign Financing FILE NOW: **\$5.00** May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. **X**Addition TITLE TITLE ☐ Delete FRISZ,SUZEN 5318 RED CLIFF TR NAME LEAHY, CAROL NAME STREET ADDRESS STREET ADDRESS 5310 DENVER DRIVE CITY-ST-ZIP ORLANDO FL 32812 CITY-ST-ZIP ORLANDO FL 32812 **∑**Xddition ☐ Change TITLE **Σ**ΣχDelete TITLE NAME COLLINS, CHERYL NAME GILKS, ERIC STREET ADDRESS 2930 RISSER AVE STREET ADDRESS 5323 DENVER CR CiTY-ST-ZIP ORLANDO FL 32812 CITY-ST-ZIP Orlando FL 32812 Change | **X**Addition TITLE ☐ Delete TITLE WEST.JR, JOHN CHAMBERLIN, SUSAN NAME 5326 RED CLIFF TR STREET ADDRESS STREET ADDRESS 5319 DENVER DR ORLANDO FL 32812 CITY-ST-ZIP CITY-ST-ZIF ORLANDO FL 32812 XXDelete Addition SD TITLE ☐ Change TITLE NAME AMBURGEY, PAMELA NAME STREET ADDRESS STREET ADDRESS 5337 RED CLIFF TR CITY-ST-ZIP CITY-ST-ZIP Orlando FL 32812 ☐ Delete TITLE Addition TITLE ٧D KATURAKES, MICHELE NAME STREET ADDRESS STREET ADDRESS 2917 RISSER AVE. CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL PD Addition VD. ☐ Delete TITLE TITLE BRISCOE, GARY NAME NAME STREET ADDRESS STREET ADDRESS 2921 RISSER AVE CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32812 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.

CR2E037 (9/99)

Daytime Phone #

124

Date

GARY BRISCOE