

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006774

1. Entity Name

CYPRESS LAKES AT HIGH POINT PHASE TWO HOMEOWNERS

FILED
Feb 13, 2000 8:00 am
Secretary of State

02-13-2000 90020 010 ****61.25

Principal Place of Business

Mailing Address

PO BOX 780024
ORLANDO FL 32878-0024

PO BOX 780024
ORLANDO FL 32878-0024

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3548459

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

PACK, GILBERT J
632 CYPRESS TREE CT
ORLANDO FL 32825

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

Gilbert J Pack

2-2-2000

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 PACK, GILBERT J
STREET ADDRESS 632 CYPRESS TREE CT
CITY-ST-ZIP ORLANDO FL 32825

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

TITLE D ☐ Delete
NAME WILLIAMS, MARK
STREET ADDRESS 520 CYPRESS TREE CT
CITY-ST-ZIP ORLANDO FL 32825

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

TITLE D ☒ Delete
NAME VENTURA, MARIA
STREET ADDRESS 547 CYPRESS TREE CT
CITY-ST-ZIP ORLANDO FL 32825

TITLE D ☐ Change ☒ Addition
NAME STEL SADIER
STREET ADDRESS 633 CYPRESS TREE CT.
CITY-ST-ZIP ORLANDO, FL. 32825

TITLE TS ☐ Delete
NAME KINDER, JOE
STREET ADDRESS 629 CYPRESS TREE CT
CITY-ST-ZIP ORLANDO FL 32825

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: *Gilbert J Pack* **FE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-2000 407-281-0191

Date

Daytime Phone #

CR2E037 (9/99)