

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000001243

1. Entity Name

SOUTHCHASE PARCEL 5 COMMUNITY ASSOCIATION, INC.

**FILED**  
**Feb 19, 2000 8:00 am**  
**Secretary of State**

02-19-2000 90015 018 \*\*\*\*61.25

Principal Place of Business

Mailing Address

% SENTRY MANAGEMENT INC.  
2180 WEST SR 434. STE. 5000  
LONGWOOD FL 32779-5044

% SENTRY MANAGEMENT INC.  
2180 WEST SR 434. STE. 5000  
LONGWOOD FL 32779

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3180917

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

HART, JAMES W JR  
% SENTRY MANAGEMENT INC.  
2180 WEST SR 434, STE. 5000  
LONGWOOD FL 32779-5044

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 PD ☐ Delete  
NAME KING, ARNOLD  
STREET ADDRESS 12467 BEACONTREE WAY  
CITY-ST-ZIP ORLANDO FL 32837

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

TITLE VD ☐ Delete  
NAME ANDERSON, KARLEEN  
STREET ADDRESS 1621 TATTENHAM WAY  
CITY-ST-ZIP ORLANDO FL 32837

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

TITLE TD ☐ Delete  
NAME HUGHES, ROBIN  
STREET ADDRESS 1805 SNARESBROOK WAY  
CITY-ST-ZIP ORLANDO FL 32837

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

TITLE SD ☐ Delete  
NAME YOUNG-BOHANAN, DEBRA  
STREET ADDRESS 1801 SNARESBROOK WAY  
CITY-ST-ZIP ORLANDO FL 32837

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

TITLE D ☒ Delete  
NAME COLUMBO, ANN  
STREET ADDRESS 1837 TATTENHAM WAY  
CITY-ST-ZIP ORLANDO FL 32837

TITLE VD ☐ Change ☒ Addition  
NAME COLUMBO, STEVEN J.  
STREET ADDRESS 1837 Tattenham Way  
CITY-ST-ZIP Orlando, FL 32837

TITLE D ☐ Delete  
NAME DICKSON, DONALD  
STREET ADDRESS 12561 BEACONTREE WAY  
CITY-ST-ZIP ORLANDO FL 32827

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Steven J. Columbo*  
Steven Columbo 1/26/00

CR2E037 (9/99)