

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N33968

1. Entity Name

COUNTRY LANDING HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

~~P O BOX 102150~~
CASSELBERRY FL 32718-2150
US

C/O MID-FLORIDA PROP. MGMT.
~~P O BOX 102150~~
CASSELBERRY FL 32718-2150
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5025 South U.S. Hwy. 17-92

5025 South U.S. Hwy 17-92

City & State

City & State

Casselberry, FL

Casselberry, FL

Zip

Country

Zip

Country

32707-3845

32707-3845

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAM C SPARE COMMUNITY ASSN MGR.
C/O MID-FLORIDA PROP. MGMT., INC
~~5250 SOUTH U.S. HWY 17-92~~
CASSELBERRY FL 32707

Name

Street Address (P.O. Box Number is Not Acceptable)

5025 South U.S. Hwy. 17-92

City

Casselberry

FL

Zip Code

32707

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

William C. Spare

Community Association Manager

2/8/2000

Signature, typed or printed name of registered agent and fee 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	SD	<input type="checkbox"/> Delete
NAME	CARTER, JENNIFER	
STREET ADDRESS	306 COUNTRY LANDING BLVD	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GRALL, JOSEPH	
STREET ADDRESS	318 COUNTRY LANDING BLVD.	
CITY-ST-ZIP	APOPKA FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BOHUSLAW, TAMMY	
STREET ADDRESS	1704 COUNTRY TERRACE LANE	
CITY-ST-ZIP	APOPKA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LIGHTFORD, LEE	
STREET ADDRESS	1760 COUNTRY TERRACE LANE	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RAETZ, STEVE	
STREET ADDRESS	1743 COUNTRY TERRACE LANE	
CITY-ST-ZIP	APOPKA FL 32703	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tobias, Richard	
STREET ADDRESS	1601 Country Court	
CITY-ST-ZIP	Apopka, FL 32703	
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		

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:

JOSEPH GRALL

2-13-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

FILED
Feb 21, 2000 8:00 am
Secretary of State

02-21-2000 90009 020 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2965483 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required