

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000006440

1. Entity Name

PINE RIDGE HOLLOW EAST HOMEOWNERS' ASSOCIATION, EB - 9 2000

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90030 034 ****61.25

Principal Place of Business

2180 W SR 434
STE 5000
LONGWOOD FL 32779
US

Mailing Address

2180 W SR 434
STE 5000
LONGWOOD FL 32779
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3228360

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 JR, JAMES W
SENTRY MANAGEMENT INC
2180 W SR 434 STE 5000
LONGWOOD FL 32779

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	<input checked="" type="checkbox"/> Delete
NAME	HAWKINS, KEVIN	
STREET ADDRESS	2816 E ROBINSON ST, STE 200	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	HOLLO, TIBOR	
STREET ADDRESS	444 BRICKELL AVEN STE 530	
CITY-ST-ZIP	MIAMI FL 33101	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HOLLO, JEROME	
STREET ADDRESS	444 BRICKELL AVEN STE 530	
CITY-ST-ZIP	MIAMI FL 33101	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOLLO, WAYNE	
STREET ADDRESS	2816 E. Robinson St #200	
CITY-ST-ZIP	Orlando, FL 32803	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PARKER, LINDA	
STREET ADDRESS	2816 E. Robinson St #200	
CITY-ST-ZIP	Orlando, FL 32803	
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		<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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)