

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000001392

1. Entity Name

CAMBRIDGE COMMONS OWNERS ASSOCIATION, INC.

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90045 023 ****61.25

Principal Place of Business

ROCCO SALVIA
 1818 NEEDHAM RD
 APOPKA FL 32712
 US

Mailing Address

ROCCO SALVIA
 1818 NEEDHAM RD
 APOPKA FL 32712-2159
 US

2. Principal Place of Business

3. Mailing Address

4004 Edgewater Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
 Orlando, FL 32804-2837

4. FEI Number

59-3303795

Applied For

Not Applicable

Zip

Country

Zip

32804

Country

USA

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

ROCCO SALVIA
 1818 NEEDHAM RD
 APOPKA FL 32712

Name

Mary Rivera

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

4004 Edgewater Drive

City Orlando

FL

Zip Code
 32804

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 Mary Rivera

Signature, typed or printed name of registered agent and title if applicable

Mary Rivera

(NOTE: Registered Agent signature required when reinstating)

2/28/2000

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 **ROCCO SALVIA**
 STREET ADDRESS **1818 NEEDHAM RD**
 CITY-ST-ZIP **APOPKA FL 32712**

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

TITLE **VPD-** ☐ Delete
 NAME **FORAKER, ALAN**
 STREET ADDRESS **1800 NEEDHAM RD**
 CITY-ST-ZIP **APOPKA FL 32712**

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

TITLE **ST** ☐ Delete
 NAME **ROSENBLATT, RICHARD**
 STREET ADDRESS **2055 CRANBERRY ISLE WAY**
 CITY-ST-ZIP **APOPKA FL 32712**

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
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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: ALAN FORAKER ALAN FORAKER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-00

Date

298-6408

Daytime Phone #

CR2E037 (9/99)