

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 30, 2000 8:00 am**  
**Secretary of State**

03-30-2000 90007 047 \*\*\*\*61.25

**DOCUMENT # 767641**

1. Entity Name

**RIO PINAR EAST HOMEOWNER'S ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

~~695 MENDOZA DR~~ **1017 Gran Pasco**  
~~ORLANDO FL 32825~~  
~~US~~

~~695 MENDOZA DR~~  
~~ORLANDO FL 32825-7940~~  
~~US~~

2. Principal Place of Business

3. Mailing Address

**Earle L. Denton**  
 Su 1017 Gran Paseo Dr  
 Orlando, FL  
 32825-8330

**Earle L. Denton**  
 Sult 1017 Gran Paseo Dr  
 Orlando, FL  
 City 32825-8330



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2407628**

Applied For  
 Not Applicable

Zip Country  
 USA

Zip 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

**BAHR, JUDITH**  
**695 MENDOZA DR**  
**ORLANDO FL 32825**

Name **EA**  
 Street Addr **Earle L. Denton**  
**1017** 1017 Gran Pasco Dr (table)  
**Orlc** Orlando, FL  
 City **FL** Zip Code **32825**

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

*Jane J. Bahr*

**3/15/00**

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>DENTON, EARLE L.</b> <b>1017 GRAN PASEO DR.</b> <b>ORLANDO FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MCCLESKEY, WENDY</b> <b>8683 RENOVA CT</b> <b>ORLANDO FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HANCOCK, WILLIAM</b> <b>1000 PALOS VERDE DR</b> <b>ORLANDO FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>HENDRICK, ANNA</b> <b>969 GRAN PASEO DR</b> <b>ORLANDO FL 32825</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GAMBLE, DENNIS</b> <b>620 MENDOZA DR</b> <b>ORLANDO FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>BAHR, JUDY</b> <b>695 MENDOZA DR</b> <b>ORLANDO FL 32825</b>	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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** *Judith Bahr*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)