

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 723535

1. Entity Name

POINCIANA VILLAGE TWO ASSOCIATION, INC.

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

03-30-2000 90108 001 ***630.00

Principal Place of Business

Mailing Address

401 WALNUT ST
KISSIMMEE FL 34759
US

401 WALNUT ST
KISSIMMEE FL 34759-4329
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7352003

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

BROWN, ROCKELL Y
401 EAST WALNUT
KISSIMMEE FL 34759

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	TURKEN, WALTER	
STREET ADDRESS	401 WALNUT STREET	
CITY-ST-ZIP	KISSIMMEE FL 34759	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	REISMAN, JOHN	
STREET ADDRESS	401 E WALNUT	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	KNIZNER, DAVID	
STREET ADDRESS	401 E WALNUT	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SAMAH, STEVEN M	
STREET ADDRESS	401 WALNUT ST	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	COUCH, DAVID E	
STREET ADDRESS	401 WALNUT ST.	
CITY-ST-ZIP	KISSIMMEE FL 34759	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REISMAN, JOHN	
STREET ADDRESS	401 WALNUT STREET	
CITY-ST-ZIP	KISSIMMEE, FL 34759	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GULLO, VINCE	
STREET ADDRESS	401 WALNUT STREET	
CITY-ST-ZIP	KISSIMMEE, FL 34759	
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:

JOHN REISMAN REQUIRED

(941) 481-5040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)