

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N15773

1. Entity Name

LAKE CANE HILLS; FIRST ADDITION COMMUNITY ASSOCI

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90080 010 ****61.25

Principal Place of Business

Mailing Address

5622 CLEARVIEW DR
ORLANDO FL 32819

5622 CLEARVIEW DR
ORLANDO FL 32819-7709

2. Principal Place of Business

3. Mailing Address

5822 Ridgeway Drive
Suite, Apt. #, etc.

5822 Ridgeway Drive
Suite, Apt. #, etc.

City & State

City & State

Orlando, FL 32819

Orlando, FL

Zip

Country

Zip

Country

32819

Orange

32819

Orange

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LIZZOLI, NINA C
5622 CLEARVIEW DR.
ORLANDO FL 32819

Name

BASDEO REENEE

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

5822 Ridgeway Drive

City

Orlando

FL

Zip Code

32819

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

Reenee Basdeo

REENEE BASDEO (President)

3/16/00

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 **P** ☒ Delete
NAME **LIZZOLI, NINA C**
STREET ADDRESS **5622 CLEARVIEW DR.**
CITY-ST-ZIP **ORLANDO FL 32819**

TITLE **President** ☒ Change ☐ Addition
NAME **BASDEO REENEE**
STREET ADDRESS **5822 Ridgeway Drive**
CITY-ST-ZIP **Orlando, FL 32819**

TITLE **VP** ☒ Delete
NAME **CHESTER, KERRY**
STREET ADDRESS **WESTMAR DR**
CITY-ST-ZIP **ORLANDO FL 32819**

TITLE **VP** ☒ Change ☐ Addition
NAME **CHESTER, MARIE-PIERRE**
STREET ADDRESS **7116 WESTMAR DRIVE**
CITY-ST-ZIP **ORLANDO FL 32819**

TITLE **D** ☒ Delete
NAME **BUSCH, JEFF**
STREET ADDRESS **5719 CLEARVIEW DR**
CITY-ST-ZIP **ORLANDO FL 32819**

TITLE **D** ☒ Change ☐ Addition
NAME **CHESTER KERRY**
STREET ADDRESS **7116 WESTMAR DRIVE**
CITY-ST-ZIP **ORLANDO, FL 32819 Orlando**

TITLE **D** ☐ Delete
NAME **LEN, E**
STREET ADDRESS **5702 S. RIDGEWAY DR.**
CITY-ST-ZIP **ORLANDO FL 32819**

TITLE **D** ☐ Change ☐ Addition
NAME **Lizzoli nina c**
STREET ADDRESS **5622 Clearciew Dr, Orlando FL 32819**

TITLE **ST** ☐ Delete
NAME **MIGLIARE, CONNIE**
STREET ADDRESS **5606 RIDGEWAY DR**
CITY-ST-ZIP **ORLANDO FL 32819**

TITLE **ST** ☐ Change ☐ Addition
NAME **MIGLIARA CONNIE**
STREET ADDRESS **5606 RIDGEWAY DR**
CITY-ST-ZIP **ORLANDO FL 32819**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Reenee Basdeo

REENEE BASDEO

REREQUIRED

4/3/00

407-352-9457

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)