

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000002023

1. Entity Name

FIELDSTREAM NORTH HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90013 026 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1017 E. SOUTH ST.  
ORLANDO FL 32801

1017 E. SOUTH ST.  
ORLANDO FL 32801-3011



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

444 W. New England Ave.

444 W. New England Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite B

Suite B

City & State

City & State

Winter Park, FL

Winter Park, FL

Zip

Zip

32789

32789

Country

Country

4. FEI Number

59-3508548

Applied For

Not Applicable

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

HILL, CAREY L  
1017 E. SOUTH ST.  
ORLANDO FL 32801

Name

Marc Davis

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

444 W. New England Ave, Suite B

City

Winter Park

FL

Zip Code

32789

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          | DP                | <input checked="" type="checkbox"/> Delete |
| NAME           | CASEY, DENNIS J   |                                            |
| STREET ADDRESS | 1017 E. SOUTH ST. |                                            |
| CITY-ST-ZIP    | ORLANDO FL 32801  |                                            |
| TITLE          | DVP               | <input checked="" type="checkbox"/> Delete |
| NAME           | HILL, CAREY L     |                                            |
| STREET ADDRESS | 1017 E. SOUTH ST. |                                            |
| CITY-ST-ZIP    | ORLANDO FL 32801  |                                            |
| TITLE          | DST               | <input checked="" type="checkbox"/> Delete |
| NAME           | RUSSELL, SUZAN    |                                            |
| STREET ADDRESS | 1017 E. SOUTH ST. |                                            |
| CITY-ST-ZIP    | ORLANDO FL 32801  |                                            |
| TITLE          |                   | <input type="checkbox"/> Delete            |
| NAME           |                   |                                            |
| STREET ADDRESS |                   |                                            |
| CITY-ST-ZIP    |                   |                                            |
| TITLE          |                   | <input type="checkbox"/> Delete            |
| NAME           |                   |                                            |
| STREET ADDRESS |                   |                                            |
| CITY-ST-ZIP    |                   |                                            |
| TITLE          |                   | <input type="checkbox"/> Delete            |
| NAME           |                   |                                            |
| STREET ADDRESS |                   |                                            |
| CITY-ST-ZIP    |                   |                                            |

|                |                             |                                                                              |
|----------------|-----------------------------|------------------------------------------------------------------------------|
| TITLE          | DP                          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | George H. Kuhn              |                                                                              |
| STREET ADDRESS | 346 Fieldstream North Blvd  |                                                                              |
| CITY-ST-ZIP    | Orlando, FL 32825           |                                                                              |
| TITLE          | ST                          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Rob Bishop                  |                                                                              |
| STREET ADDRESS | 10947 Brown Trout Circle    |                                                                              |
| CITY-ST-ZIP    | Orlando, FL 32825           |                                                                              |
| TITLE          | VD                          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Deborah M. Harrilchak       |                                                                              |
| STREET ADDRESS | 304 Fieldstream North Blvd. |                                                                              |
| CITY-ST-ZIP    | Orlando, FL 32825           |                                                                              |
| 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:

George H. Kuhn

George Kuhn

4/11/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)