

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004798

i. Entity Name

FIELDSTREAM HOMEOWNERS ASSOCIATION, INC.

FILED

May 04, 2000 8:00 am
Secretary of State

05-04-2000 90185 007 ****61.25

Principal Place of Business

Mailing Address

1017 E SOUTH ST
ORLANDO FL 32801

1017 E SOUTH ST
ORLANDO FL 32801-3011

00004034



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

444 W. New England Ave.
Suite, Apt. #, etc. Suite B

3. Mailing Address

444 W. New England Ave.
Suite, Apt. #, etc. Suite B

City & State

Winter Park, FL

City & State

Winter Park, FL

4. FEI Number

59-3470140

Applied For

Not Applicable

Zip

32789

Country

Zip

32789

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

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

Marc Davis

Marc Davis

4/11/00

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

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/21/00 407-895-5578

CR2E037 (9/99)