

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004944

1. Entity Name

THE RESERVE AT OCOEE HOMEOWNERS ASSOCIATION, INC

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90085 016 ****61.25

Principal Place of Business

Mailing Address

860 STATE RD 434
SUITE 7
ALTAMONTE SPRINGS FL 32714

860 STATE RD 434
SUITE 7
ALTAMONTE SPRINGS FL 32714

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3460176

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOLD, H. SCOTT
860 STATE RD 434 N
SUITE 7
ALTAMONTE SPRINGS FL 32714

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 ☒ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
GOODMAN, WILLIAM J
860 STATE RD 434 NORTH, SUITE 7
ALTAMONTE SPRINGS FL 32714

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
Goodman, Lauren B.
860 SR 434 North, Suite 7
Altamonte Springs, FL 32714

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
ROSSMAN, NANCY A
6355 METROWEST BLVD SUITE 330
ORLANDO FL 32835

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
FEINSTEIN, JEROME D
860 STATE RD 434 NORTH, SUITE 7
ALTAMONTE SPRINGS FL 32714

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
V
GOLD, H. SCOTT
860 STATE RD 434 NORTH, SUITE 7
ALTAMONTE SPRINGS FL 32714

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
T
GRATER, HOWARD
860 S R 434 NORTH, SUITE 7
ALTAMONTE SPRINGS FL 32714

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
VT
Gold, H. Scott
860 SR 434 North, Suite 7
Altamonte Springs, FL 32714

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 reports 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, signature or other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Scott Gold 4/19/00 407-788-6955

Date

Daytime Phone #

CR2E037 (9/99)