

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001870

1. Entity Name

Winged Foot Estates Homeowners Assoc., Inc.

Principal Place of Business

190 N. Westmonte Dr.
Ste 100

Mailing Address

190 N. Westmonte Dr.
Suite 100

Altamonte Springs FL 32714 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

6. Name and Address of Current Registered Agent

Marilyn C. Campbell
190 N. Westmonte Dr.
Suite 100
Altamonte Springs FL 32714

7. Name and Address of New Registered Agent

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

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

TITLE	P/D	<input checked="" type="checkbox"/> Delete
NAME	WILLIAM SEGAL	
STREET ADDRESS	1177 LOUISIANA AVE., STE 207	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LARRY SCHULER	
STREET ADDRESS	3348 EDgewater DR	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	V/S/T/D	<input checked="" type="checkbox"/> Delete
NAME	RAMSEY DULIN	
STREET ADDRESS	201 S. ORANGE AVE, STE 1090	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERTA RAPERT	
STREET ADDRESS	512 ZACHARY DR NE	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	V/P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARRY WRIGHT	
STREET ADDRESS	624 ZACHARY DR	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LINDA GRAHAM	
STREET ADDRESS	547 ZACHARY DR	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOB LEHNHARDT	
STREET ADDRESS	1441 WINGED FOOT DR.	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NICK VAN HERPIN	
STREET ADDRESS	512 ZACHARY DR	
CITY-ST-ZIP	APOPKA FL 32712	
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:

[Signature]

5/1/2000 407 862-2250

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90101 012 ****61.25

00100010

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3508189

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E037 (9/99)