

**2000 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N94000003111

1. Entity Name

WOODBURY PINES PROPERTY OWNERS' ASSOCIATION, INC

Principal Place of Business

WOODBURY PINES  
ORLANDO FL 32828  
US

Mailing Address

WOODBURY PINES PROPERTY OWNERS ASSOC INC  
P O BOX 781111  
ORLANDO FL 32878-1111  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

58-2118447

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

MCCOMBS, JOHN J  
403 WOODBURY PINES CIR  
ORLANDO FL 32828

Name Michael P. Crichton

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

402 WOODBURY PINES CIR

City ORLANDO

FL

Zip Code 32828

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 \$61.259. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to FeesMake Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP ☒ Delete  
NAME MCCOMBS, JOHN J  
STREET ADDRESS 403 WOODBURY PINES CIR  
CITY-ST-ZIP ORLANDO FL 32828TITLE DP ☒ Change ☐ Addition  
NAME Michael P. Crichton  
STREET ADDRESS 402 WOODBURY PINES CIR  
CITY-ST-ZIP ORLANDO FL 32828TITLE DVP ☐ Delete  
NAME EBLIN, HEATHER L  
STREET ADDRESS 281 WOODBURY PINES CIR  
CITY-ST-ZIP ORLANDO FL 32828TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE DST ☒ Delete  
NAME ALLEN, KENNETH W  
STREET ADDRESS 409 WOODBURY PINES CIR  
CITY-ST-ZIP ORLANDO FL 32828TITLE DST ☒ Change ☐ Addition  
NAME JANET H. FERNANDEZ  
STREET ADDRESS 421 WOODBURY PINES CIR  
CITY-ST-ZIP ORLANDO, FL 32828TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Jun 09, 2000 8:00 am  
Secretary of State

06-09-2000 90034 038 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)