

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004040

1. Entity Name

DANIELS CROSSING HOMEOWNERS' ASSOCIATION, INC.

FILED
Jun 27, 2000 8:00 am
Secretary of State

06-27-2000 90002 016 ****61.25

Principal Place of Business

4030 DIJON DR
ORLANDO FL 32808
US

Mailing Address

4030 DIJON DR
ORLANDO FL 32772-1747
US

2. Principal Place of Business

312 W. FIRST ST.

Suite, Apt. #, etc.

SUITE 404

City & State
SANFORD, FL.

Zip
32772

Country
USA

3. Mailing Address

P.O. Box 1747

Suite, Apt. #, etc.

City & State
SANFORD, FL.

Zip
32772-1747

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3427943

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ANGELIA GORDON PROP MGMT
4030 DIJON DR
ORLANDO FL 32808

7. Name and Address of New Registered Agent

Name ANGELIA GORDON PROPERTY MANAGEMENT

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

312 W. FIRST ST.

SUITE 404

City SANFORD

FL

Zip Code
32772

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

TITLE PTD ☐ Delete
NAME HALLAUER, DAN R
STREET ADDRESS 749 N. GARLAND AVE., STE. 104
CITY-ST-ZIP ORLANDO FL

TITLE SVD ☐ Delete
NAME HARRISON, RAYMOND D
STREET ADDRESS 749 N. GARLAND AVE., STE. 104
CITY-ST-ZIP ORLANDO FL

TITLE D ☐ Delete
NAME HOLCOMB, A K JR
STREET ADDRESS 749 N. GARLAND AVE., STE. 104
CITY-ST-ZIP ORLANDO FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
NAME
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)