

2000 UNIFORM BUSINESS REPORT (UBR)

6/

DOCUMENT #

N97000001246

1. Entity Name

Lake Steer Pointe Homeowners Association, Inc.

FILED
Jul 13, 2000 8:00 am
Secretary of State

06-09-2000 90022 035 ****61.25

Principal Place of Business

Mailing Address

1017 E. South Street
Orlando, FL 32801

5695 Beggs Road, Suite 100-B
Orlando, FL 32810

2. Principal Place of Business

5695 Beggs Road

Suite, Apt. #, etc.

Suite B-100

City & State

Orlando, FL

Zip

32810

Country

US

3. Mailing Address

5695 Beggs Road

Suite, Apt. #, etc.

Suite B-100

City & State

Orlando, FL

Zip

32810

Country

US

4. FEI Number

59-3470141

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

Harkley R. Thornton, Esq.
5695 Beggs Road, Suite B-100
Orlando, FL 32810

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

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	PD	☐ Delete
NAME	Casey, Dennis J.	
STREET ADDRESS	1017 E. South St.	
CITY-ST-ZIP	Orlando, FL 32801	
TITLE	STVD	☒ Delete
NAME	Hill, Casey L.	
STREET ADDRESS	1017 E. South Street	
CITY-ST-ZIP	Orlando, FL 32801	
TITLE	D	☒ Delete
NAME	Russell, Suzant	
STREET ADDRESS	1017 E. South St.	
CITY-ST-ZIP	Orlando, FL 32801	
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	PD	☒ Change ☐ Addition
NAME	Ballentine, Jeff	
STREET ADDRESS	108 Park Place Blvd	
CITY-ST-ZIP	Kissimmee, FL 34741	
TITLE	VD	☒ Change ☐ Addition
NAME	Glance, George	
STREET ADDRESS	108 Park Place Blvd	
CITY-ST-ZIP	Kissimmee, FL 34741	
TITLE	S/ P/D	☒ Change ☐ Addition
NAME	CHRIS WRIGHT	
STREET ADDRESS	Loguardia, Ken	
CITY-ST-ZIP	108 Park Place Blvd	
	Kissimmee, FL 34741	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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 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.