

2000 UNIFORM BUSINESS REPORT (UBR) *Amended*

DOCUMENT # **N96000004040**

1. Entity Name

DANIELS CROSSING HOMEOWNERS' ASSOCIATION, INC.

FILED

00 SEP 12 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**4030 DIJON DR.
ORLANDO, FL 32808
US**

Mailing Address

**4030 DIJON DR.
ORLANDO, FL 32808
US**

2. Principal Place of Business

**4751 DISTRIBUTION CT.
Suite, Apt. #, etc.
UNIT #10
ORLANDO, FL**

3. Mailing Address

**4751 DISTRIBUTION CT.
Suite, Apt. #, etc.
UNIT #10
ORLANDO, FL**

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
1030 DIJON DR.
ORLANDO, FL 32808**

Name

DAN HALLAUER

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

4751 DISTRIBUTION CT.

UNIT #10

City

ORLANDO

FL

Zip Code
32822

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

Dan R Hallauer

(NOTE: Registered Agent signature required when amending)

DATE

8/6/00

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 **PTD** ☒ Change ☐ Addition
NAME **HORINE, KEVIN**
STREET ADDRESS **4751 DISTRIBUTION CT., UNIT #10**
CITY-ST-ZIP **ORLANDO, FL 32822**

TITLE **VD** ☒ Change ☐ Addition
NAME **CLEMENTS, DONALD**
STREET ADDRESS **4751 DISTRIBUTION CT., UNIT #10**
CITY-ST-ZIP **ORLANDO, FL 32822**

TITLE **SD** ☒ Change ☐ Addition
NAME **HALLAUER, DAN R.**
STREET ADDRESS **4751 DISTRIBUTION CT., UNIT #10**
CITY-ST-ZIP **ORLANDO, FL 32822**

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.

SIGNATURE *Dan R Hallauer* **DAN R. HALLAUER, DIRECTOR**

**8/6/00
(407) 381-5516**

9/14