

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N49742

1. Entity Name

SILVER BEND HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

P O BOX 891
OCOE FL 34761
US

Mailing Address

P O BOX 891
OCOE FL 34761
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3134865

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BUTKOVICH, PATRICIA M
2019 CASSINGHAM CIR
OCOE FL 34961

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 D ☐ Delete
NAME LOPEZ-ANDERSON, MARTHA
STREET ADDRESS 2438 ALCLOBE CIRCLE
CITY-ST-ZIP OCOEE FL 34761

TITLE PD ☐ Delete
NAME SCHECHTER, JONATHAN
STREET ADDRESS 118 CLOWSON COURT
CITY-ST-ZIP OCOEE FL 34761

TITLE SD ☒ Delete
NAME TERRANCE, COLEMAN
STREET ADDRESS 1615 CASSINGHAM CIR
CITY-ST-ZIP OCOEE FL 34761

TITLE TD ☐ Delete
NAME KNACK, JOEL
STREET ADDRESS 2507 ALCLOBE CIRCLE
CITY-ST-ZIP OCOEE FL 34761

TITLE VD ☐ Delete
NAME BUTKOVICH, PATRICIA
STREET ADDRESS 2019 CASSINGHAM CIR
CITY-ST-ZIP OCOEE FL 34761

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE SD ☐ Change ☒ Addition
NAME JAMES ZURBEY
STREET ADDRESS 1796 CASSINGHAM CIRCLE
CITY-ST-ZIP OCOEE FL 34761

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

TITLE D ☒ 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:

JOEL KNACK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/01

Date

407-804-3348

Daytime Phone #

FILED
Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90211 007 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)