

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 04, 2001 8:00 am**  
**Secretary of State**

04-04-2001 90117 042 \*\*\*\*61.25

**DOCUMENT # N47375**

1. Entity Name

**VICTORIA PLACE HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

**2180 WEST SR 434, SUITE 5000  
 LONGWOOD FL 32779-5044  
 US**

Mailing Address

**2180 WEST SR 434, SUITE 5000  
 LONGWOOD FL 32779-5044  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3125897**

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

**HART, JAMES W JR.  
 SENTRY MANAGEMENT INC.  
 2180 W SR 434 STE 5000  
 LONGWOOD FL 32779**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete  
 NAME TRUDY, WHITE  
 STREET ADDRESS 4855 VICTORIA CHASE CT.  
 CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE SD ☐ Change ☒ Addition  
 NAME BROOKS, HOLLY  
 STREET ADDRESS 3872 VICTORIA CHASE CT  
 CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE VPD ☐ Delete  
 NAME HANCOCK, SHERRY  
 STREET ADDRESS 4854 VICTORIA PL  
 CITY-ST-ZIP JACKSONVILLE FL 32257

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

TITLE D ☐ Delete  
 NAME EMERICK, AL  
 STREET ADDRESS 4818 VICTORIA CHASE CT  
 CITY-ST-ZIP JACKSONVILLE FL 32257

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

TITLE D ☒ Delete  
 NAME CUMMINGS, RODNEY  
 STREET ADDRESS 4842 VICTORIA CHASE CT  
 CITY-ST-ZIP JACKSONVILLE FL 32257

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

TITLE D ☒ Delete  
 NAME JOYNER, RAUDALL  
 STREET ADDRESS 4824 VICTORIA CHASE CT  
 CITY-ST-ZIP JACKSONVILLE FL 32257

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

TITLE ☐ Delete  
 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

*Signature*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-4-01 367-8288

CR2E037 (10/00)