

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005105

1. Entity Name

PRAIRIE LAKE VILLAGE HOA, INC.

Principal Place of Business

1350 ORANGE AVE
SUITE 100
WINTER PARK FL 32789

Mailing Address

C/O ATTWOOD-PHILLIPS, INC
PO BOX 1208
WINTER PARK FL 32790-1208

2. Principal Place of Business
2180 West SR 434

Suite, Apt. #, etc.
5000

City & State

Longwood FL

Zip
32779

Country
USA

3. Mailing Address
2180 West SR 434

Suite, Apt. #, etc.

5000

City & State

Longwood FL

Zip
32779

Country
USA

4. FEI Number
59-3341229

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ATTWOOD-PHILLIPS, INC
1350 ORANGE AVE
SUITE 100
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name
HART, JAMES W., JR.

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

SENTRY MANAGEMENT, INC.

2180 West SR 434, Ste 5000

City
Longwood

FL

Zip Code
32779

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
SILVESTRI, PAUL
3033 CHIMNEY ROCK STE 400
HOUSTON TX 77056 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
TRULLI, GIULIO
3033 CHIMNEY ROCK STE 400
HOUSTON TX 77056 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
ADKINS, RIC
250 PARK AVE SOUTH STE 300
WINTER PARK FL 32789-4388 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SILVESTRI, DAN
3033 CHIMNEY ROCK STE 400
HOUSTON TX 77056 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
MARTIN, BRIAN
2553 Grand Poplar Street
Ocoee, FL 34761 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
KLEMM, RUSSELL
2482 Leaning Pine Street
Ocoee, FL 34761 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
Williams, Aston
1976 Aspenridge Court
Ocoee, FL 34761 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
PRIHODA, KARL
1883 Majestic Elm Boulevard
Ocoee, FL 34761 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
JACOBS, MAX
2247 Mountain Spruce Street
Ocoee, FL 34761 ☐ Change ☒ Addition

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-01

Date

Daytime Phone #

00031559



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)