

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N33096

1. Entity Name

SOUTHCHASE PARCEL 6 COMMUNITY ASSOCIATION, INC.

Principal Place of Business

2180 W. SR. 434
SUITE 5000
LONGWOOD FL 32779-5044
US

Mailing Address

2180 W. 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

4. FEI Number

59-3023308

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
2180 WEST SR 434, SUITE 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 TIM, LINSTA D
STREET ADDRESS 1416 ABBERTON CT
CITY-ST-ZIP ORLANDO FL 32837

TITLE STD ☐ Change ☒ Addition
NAME Petrillo, Terry
STREET ADDRESS 1425 Bradwell Drive
CITY-ST-ZIP Orlando, FL

TITLE STD ☐ Delete
NAME HUDSON, RUBY
STREET ADDRESS 12541 WESTHOPE DR
CITY-ST-ZIP ORLANDO FL 32837

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

TITLE VPD ☐ Delete
NAME SFAVSA, KAREN
STREET ADDRESS 19440 BRAX PD DR
CITY-ST-ZIP ORLANDO FL 32837

TITLE PD ☒ Change ☐ Addition
NAME Sfara, Karen
STREET ADDRESS 12440 Braxted Drive
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

2-26-01

Date

Daytime Phone #

FILED
Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90098 048 ****61.25

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DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)