

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9400G002714

1. Entity Name

THE MEADOWS AT BOGGY CREEK HOMEOWNERS ASSOCIATIO

Principal Place of Business

444 W NEW ENGLAND AVE
SUITE B
WINTER PARK FL 32789
US

Mailing Address

444 W NEW ENGLAND AVE
SUITE B
WINTER PARK FL 32789
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

59-3274189

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

JORDAN, BRETT M
444 W NEW ENGLAND AVE
SUITE B
WINTER PARK FL 32789

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 TREULIB, GEORGE
STREET ADDRESS 9743 RED CLOVER AVENUE
CITY-ST-ZIP ORLANDO FL 32824

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

TITLE TD ☐ Delete
NAME MCGRATH, MATT
STREET ADDRESS 9726 RED CLOVER AVENUE
CITY-ST-ZIP ORLANDO FL 32824

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

TITLE VD ☐ Delete
NAME NATALE, SADRE
STREET ADDRESS 9510 LUPINE AVE
CITY-ST-ZIP ORLANDO FL 32824

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

TITLE D ☐ Delete
NAME COULSON, MICHAEL
STREET ADDRESS 9818 VIOLET DT
CITY-ST-ZIP ORLANDO FL 32824

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

TITLE D ☐ Delete
NAME HUCKE, ROGER
STREET ADDRESS 1962 TEABERRY DT
CITY-ST-ZIP ORLANDO FL 32824

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 persons empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GEORGE TREULIB 4/10/01 407 647-2622

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)