

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90181 003 ****61.25

DOCUMENT # N98000003779

1. Entity Name

ST. AUGUSTINE CENTRE PROPERTY OWNERS ASSOCIATION

Principal Place of Business

1180 SPRING CENTRE SOUTH BLVD.
STE 211
ALTAMONTE SPRINGS FL 32714

Mailing Address

1180 SPRING CENTRE SOUTH BLVD.
STE 211
ALTAMONTE SPRINGS FL 32714

2. Principal Place of Business

300 INTERNATIONAL PKWY.
Suite, Apt. #, etc.
SUITE 184

3. Mailing Address

300 INTERNATIONAL PKWY.
Suite, Apt. #, etc.
SUITE 184



DO NOT WRITE IN THIS SPACE

City & State
HEATHROW FL

City & State
HEATHROW FL

4. FEI Number
59-3520489

Applied For

Not Applicable

Zip
32746

Country
USA

Zip
32746

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LUBINSKY, TERRY
1180 SPRING CENTRE SOUTH BLVD., SUITE 211
ALTAMONTE SPRINGS FL 32714

7. Name and Address of New Registered Agent

Name
LUBINSKY, TERRY

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

300 INTERNATIONAL PKWY.

SUITE 184

City
HEATHROW

FL

Zip Code
32746

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 *Terry Lubinsky*
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
D
LUBINSKY, TERRY
1180 SPRING CENTRE SOUTH BLVD., SUITE 211
ALTAMONTE SPRINGS FL 32714

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CANNON, FRANK
1180 SPRING CENTRE SOUTH BLVD., SUITE 211
ALTAMONTE SPRINGS FL 32714

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PHELPS, SPENCER
1180 SPRING CENTRE SOUTH BLVD., SUITE 211
ALTAMONTE SPRINGS FL 32714

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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
LUBINSKY, TERRY ☒ Change ☐ Addition
300 INTERNATIONAL PKWY - #184
HEATHROW FL 32746

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CANNON, FRANK ☒ Change ☐ Addition
300 INTERNATIONAL PKWY - #184
HEATHROW FL 32746

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PHELPS, SPENCER ☒ Change ☐ Addition
300 INTERNATIONAL PKWY - #184
HEATHROW FL 32746

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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: *Terry Lubinsky*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-01

Date

407 804 8949

Daytime Phone #

CR2E037 (10/00)