

4/11

**2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N04673

Entity Name

JRSESHOE BEND HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

04-11-2001 90090 029 \*\*\*\*61.25

Principal Place of Business      Mailing Address  
 2180 WEST SR 434      2180 WEST SR 434  
 SUITE 5000      SUITE 5000  
 LONGWOOD, FL 32779-5044      LONGWOOD, FL 32779-5044

40001

Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
 Zip      Country      Zip      Country

4. FEI Number      Applied For  
 59-2563236      Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

HART, JAMES W. JR  
 SENTRY MANAGEMENT, INC.  
 2180 W SR 434 STE 5000  
 LONGWOOD, FL 32779-5044

## 7. Name and Address of New Registered Agent

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 remailing)

DATE

4/23/01

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mitchell, Jackie		NAME		
STREET ADDRESS	6650 Whirlaway Circle		STREET ADDRESS		
CITY - ST - ZIP	Orlando, FL 32818		CITY - ST - ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bowen, Marcia		NAME		
STREET ADDRESS	6632 Whirlaway Circle		STREET ADDRESS		
CITY - ST - ZIP	Orlando, FL 32818		CITY - ST - ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hobby, Jim		NAME		
STREET ADDRESS	6432 Lake Horseshoe Drive		STREET ADDRESS		
CITY - ST - ZIP	Orlando, FL 32818		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/19/01

CR2E037 (11/1/00)