

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90185 032 \*\*\*\*61.25

**DOCUMENT # N00000002168**

1. Entity Name

**HAMPTON PARK FACILITIES ASSOCIATION, INC.**

Principal Place of Business

555 WINDERLEY PLACE  
 SUITE 420  
 MAITLAND FL 32751

Mailing Address

555 WINDERLEY PLACE  
 SUITE 420  
 MAITLAND FL 32751

2. Principal Place of Business  
 2180 WEST SR 434

Suite, Apt. #, etc.  
 SUITE 5000

City & State  
 LONGWOOD FL 32779-5044

Zip Country

3. Mailing Address  
 2180 WEST SR 434

Suite, Apt. #, etc.  
 SUITE 5000

City & State  
 LONGWOOD FL 32779-5044

Zip Country

4. FEI Number  
 59-3663039

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

DUNCAN, JUDITH  
 555 WINDERLEY PLACE  
 SUITE 420  
 MAITLAND FL 32751

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 W SR 434 STE 5000  
 City  
 LONGWOOD FL Zip Code  
 32779-5044

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 NAME STREET ADDRESS CITY-ST-ZIP	PD O'SULLIVAN, CHARLIE 555 WINDERLEY PLACE SUITE 420 MAITLAND FL 32751	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ROSSER, STEVE 555 WINDERLEY PLACE SUITE 420 MAITLAND FL 32751	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DUNCAN, JUDITH 555 WINDERLEY PLACE SUITE 420 MAITLAND FL 32751	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEIFERMAN, JIM 555 WINDERLEY PLACE, SUITE 420 MAITLAND FL 32751	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COOK, CHARLES 555 WINDERLEY PLACE SUITE 420 MAITLAND FL 32751	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01 407875 KCI

CR2E037 (10/00)