

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 727052

1. Entity Name

THE SAND LAKE HILLS PROPERTY OWNERS' ASSOCIATION

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90105 007 \*\*\*\*61.25

Principal Place of Business

Mailing Address

P O BOX 690153  
ORLANDO FL 32869-7153

P O BOX 690153  
ORLANDO FL 32869-0153  
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

59-1912630

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

FRYS, BARBARA F  
6195 VALERIAN BLVD  
ORLANDO FL 32819

Name Gail Bell

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

8435 CARAWAY CT.

City ORLANDO

FL

Zip Code 32819

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 Gail Bell - TREASURER, Gail Bell 1-13-00

Signatures, 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 P ☐ Delete  
NAME BARBARA, Frys  
STREET ADDRESS 6195 VALERIAN BLVD  
CITY-ST-ZIP ORLANDO FL 32819

TITLE ☒ Change ☐ Addition  
NAME 6195 VALERIAN  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME BELL, GAIL CARAWAY CT  
STREET ADDRESS 8435 CARAWAY CT  
CITY-ST-ZIP ORLANDO FL 32819

TITLE ☒ Change ☐ Addition  
NAME 8435 CARAWAY CT  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP ☐ Delete  
NAME MRYER, STEPHEN  
STREET ADDRESS 5794 MARLBERRY DR.  
CITY-ST-ZIP ORLANDO FL 32819

TITLE ☒ Change ☐ Addition  
NAME 5794 MARLBERRY  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME HOYBECK, TOM  
STREET ADDRESS 8435 CARAWAY CT.  
CITY-ST-ZIP ORLANDO FL 32819

TITLE ☒ Change ☐ Addition  
NAME GREG GILL  
STREET ADDRESS 8496 TANSY DR.  
CITY-ST-ZIP ORLANDO, FL 32819

TITLE D ☒ Delete  
NAME WEBB, DONALD  
STREET ADDRESS 8740 BANYON  
CITY-ST-ZIP ORLANDO FL 32819

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

TITLE S ☐ Delete  
NAME TROD, CAROL B  
STREET ADDRESS 8570 CLOVER CT.  
CITY-ST-ZIP ORLANDO FL 32819

TITLE ☒ Change ☐ Addition  
NAME CAROL BONESTROG  
STREET ADDRESS 8570 CLOVER CT.  
CITY-ST-ZIP ORLANDO FL 32819

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: Gail Bell 1-13-00

4078767774

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)