

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90078 031 ****61.25

DOCUMENT # 741973

1. Entity Name

MAROON SUBDIVISION, UNIT TWO, PROPERTY OWNERS' A

Principal Place of Business

**C/O G. KROEWITZ
902 HOLOMA DR
INDIAN RIVER SHORE FL 32963
US**

Mailing Address

**C/O G. KROEWITZ
902 HOLOMA DRIVE
INDIAN RIVER SHORE FL 32963-3405
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

22-2378831

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**STEWART, WILLIAM J ESQ.
3355 OCEAN DRIVE
VERO BEACH FL 32960**

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 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	DP	<input type="checkbox"/> Delete
NAME	LEE, EMMETT	
STREET ADDRESS	916 HOLOMA DR.	
CITY-ST-ZIP	INDIAN RIVER SHORE FL 32963	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GORMAN, DAVE	
STREET ADDRESS	907 HOLOMA DR.	
CITY-ST-ZIP	INDIAN RIVER SHR. FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	KRONEWITZ, GEORGIA	
STREET ADDRESS	902 HOLOMA DR	
CITY-ST-ZIP	INDIAN RIVER SHR FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BEESON, R C	
STREET ADDRESS	913 HOLOMA DR	
CITY-ST-ZIP	INDIAN RIVER SHR FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GODFREY, J F	
STREET ADDRESS	910 HOLOMA DR	
CITY-ST-ZIP	INDIAN RIVER SHR FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE:

Signature of Emmett Lee
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/00 561-234-1589
Date Daytime Phone #

CR2E037 (9/99)