

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 753528

1. Entity Name

DOVER ESTATES HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

4836 BRENDA DR  
ORLANDO FL 32812  
US

Mailing Address

4819 FAYANN ST  
ORLANDO FL 32812

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

13-0511020

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

SUSAN A RIFFLE  
4836 BRENDA DR  
ORLANDO FL 32812

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

After September 13, 2000 min. will be \$236.25

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 PD  
NAME SUSAN A RIFFLE  
STREET ADDRESS 4836 BRENDA DR  
CITY-ST-ZIP ORLANDO FL 32812 ☐ Delete

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

TITLE VD  
NAME JOSEPH UDDO  
STREET ADDRESS 4849 BRENDA DR  
CITY-ST-ZIP ORLANDO FL 32812 ☒ Delete

TITLE VD  
NAME Beverly King  
STREET ADDRESS 4809 Fayann St.  
CITY-ST-ZIP Orlando, FL 32812 ☐ Change ☒ Addition

TITLE T  
NAME SUE ALBIN  
STREET ADDRESS 4819 FAYANN ST  
CITY-ST-ZIP ORLANDO FL 32812 ☐ Delete

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

TITLE SD  
NAME BEVERLY KING  
STREET ADDRESS 4809 FAYANN ST  
CITY-ST-ZIP ORLANDO FL 32812 ☒ Delete

TITLE SD  
NAME Diane Davila  
STREET ADDRESS 5241 Hoperita St.  
CITY-ST-ZIP Orlando, FL 32812 ☐ Change ☒ Addition

TITLE D  
NAME DAVID REGISTER  
STREET ADDRESS 1944 FOXBORO DR  
CITY-ST-ZIP ORLANDO FL 32812 ☒ Delete Deceased

TITLE D  
NAME Ms. Betty Thomas  
STREET ADDRESS 4984 Fayann St.  
CITY-ST-ZIP Orlando, FL 32812 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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:

SUSAN A RIFFLE

7/17/00

Date

407-381-8399

Daytime Phone #

CR2E037 (5/00)