

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 754180**

1. Entity Name

**FONTAINEBLEAU ROYALE HOME OWNERS ASSOCIATION, IN**

Principal Place of Business

Mailing Address

**3442 SE LK WEIR RD STE B  
OCALA FL 34471  
US****3442 SE LK WEIR RD STE B  
OCALA FL 34471-6712  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-2230018**Applied For  
Not Applicable5. 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

Name

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

City

**FL**

Zip Code

**BUNCH, NORVAL  
2223 NE 45TH AVENUE  
OCALA FL 34470**

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	PD	<input type="checkbox"/> Delete
NAME	BUNCH, NORVAL	
STREET ADDRESS	2223 NE 45 AVENUE	
CITY-ST-ZIP	OCALA FL	

TITLE	DT	<input type="checkbox"/> Delete
NAME	CRAWFORD, JAMES	
STREET ADDRESS	2137 NE 45 AVE	
CITY-ST-ZIP	OCALA FL 34470	

TITLE	V	<input type="checkbox"/> Delete
NAME	TORRI, RON	
STREET ADDRESS	505 SUNBELT RD #2, SUITE B	
CITY-ST-ZIP	OCALA FL	

TITLE	S	<input type="checkbox"/> Delete
NAME	TORRI, ANN	
STREET ADDRESS	505 SUNBELT RD #2	
CITY-ST-ZIP	LADY LAKE FL	

TITLE	D	<input type="checkbox"/> Delete
NAME	RECOR, JAMES	
STREET ADDRESS	2217 NE 45TH AVENUE	
CITY-ST-ZIP	OCALA 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
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STREET ADDRESS		
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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]***

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-3-2000 352.351.7400**

Date

Daytime Phone #

**FILED  
Feb 11, 2000 8:00 am  
Secretary of State**

02-11-2000 90001 009 \*\*\*\*61.25

DUPLICATE



DO NOT WRITE IN THIS SPACE