

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

04-11-2002 90781 029 \*\*\*\*61.25

000167

**DOCUMENT # 754180**

1. Entity Name

**FONTAINEBLEAU ROYALE HOME OWNERS ASSOCIATION, IN C.**

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  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2230018**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

*Norval Bunch*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*4/5/02*

**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	PD BUNCH, NORVAL	<input type="checkbox"/> Delete
STREET ADDRESS	2223 NE 45 AVENUE	
CITY-ST-ZIP	OCALA FL	
TITLE NAME	DT COLLEY, LYNETTE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2130 NE 45TH AVE	
CITY-ST-ZIP	OCALA FL 34470	
TITLE NAME	V TORRI, RON	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	505 SUNBELT RD #2, SUITE B	
CITY-ST-ZIP	OCALA FL	
TITLE NAME	S TORRI, ANN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	505 SUNBELT RD #2	
CITY-ST-ZIP	LADY LAKE FL	
TITLE NAME	D RECOR, JAMES	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2217 NE 45TH AVENUE	
CITY-ST-ZIP	OCALA FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	DT ELZABREA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2213 N.E. 45 AVE.	
CITY-ST-ZIP	OCALA, FL 34470	
TITLE NAME	VD <del>MARKY JO SIMMONS</del>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2130 N.E. 45 AVE.	
CITY-ST-ZIP	OCALA, FL 34470	
TITLE NAME	SD ANASTASIA BUNCH	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2223 NE 45 AVE	
CITY-ST-ZIP	OCALA, FL 34470	
TITLE NAME	D RYAN MILES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2152 N.E 45 AVE	
CITY-ST-ZIP	OCALA, FL 34470	
TITLE NAME	D LAURA HALES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2221 N.E 45 AVE	
CITY-ST-ZIP	OCALA, FL 34470	

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:

*NORVAL BUNCH* NORVAL BUNCH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*4/5/02*

CR2E037 (9/01)