

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 759463

1. Entity Name

ORANGE COUNTY HOMEOWNERS ASSOCIATION, INCORPORAT

**FILED**  
**Apr 22, 2000 8:00 am**  
**Secretary of State**

04-22-2000 90014 003 \*\*\*\*61.25

Principal Place of Business

Mailing Address

P O BOX 533657  
ORLANDO FL 32819-5000

P O BOX 533657  
ORLANDO FL 32853-3657



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2288209

Applied For

Not Applicable

Zip

Country

Zip

Country

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

TERESA JACOBS  
8652 SUGAR PALM CT  
ORLANDO FL 32835

Name Richard Spears

Street Address (P.O. Box Number is Not Acceptable)  
9132 Ridge Pine Tr

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

Richard L. Spears

RICHARD L. SPEARS

04-12-00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☒ Delete  
NAME JACOBS, TERESA  
STREET ADDRESS 8652 SUGAR PALM CT  
CITY-ST-ZIP ORLANDO FL 32835

TITLE TD ☐ Delete  
NAME BROWN, ROBERT H  
STREET ADDRESS 7973 SOUTH PARK PL  
CITY-ST-ZIP ORLANDO FL 32819

TITLE SD ☐ Delete  
NAME EMLING, JONI M  
STREET ADDRESS 3055 BIRMINGHAM BLVD  
CITY-ST-ZIP ORLANDO FL 32829

TITLE VD ☐ Delete  
NAME SPEARS, RICHARD L  
STREET ADDRESS 9132 RIDGEPINE TRAIL  
CITY-ST-ZIP ORLANDO FL 32819

TITLE D ☒ Delete  
NAME DENTON, EARLE  
STREET ADDRESS 1017 GRAN PASEO DRIVE  
CITY-ST-ZIP ORLANDO FL 32825

TITLE VD ☐ Delete  
NAME TITER, TRISH  
STREET ADDRESS 8103 WELLSMERE CIR  
CITY-ST-ZIP ORLANDO FL 32835

TITLE VD ☐ Change ☒ Addition  
NAME Couchman, Gail  
STREET ADDRESS 451 Sonoma Valley Cir  
CITY-ST-ZIP Orlando, FL 32835

TITLE VD ☒ Change ☐ Addition  
NAME Brown, Robert  
STREET ADDRESS 7973 South Park Pl  
CITY-ST-ZIP Orlando FL 32819

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

TITLE PD ☒ Change ☐ Addition  
NAME Spears, Richard  
STREET ADDRESS 9132 Ridge Pine Tr  
CITY-ST-ZIP Orlando, FL 32819

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

TITLE TD ☒ Change ☐ Addition  
NAME Titer, Trish  
STREET ADDRESS 8103 Wellsmere Cir  
CITY-ST-ZIP Orlando FL 32835

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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Trish Titer

4-11-2000

#104

Date

Daytime Phone #

407-273-2300