

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 760921

1. Entity Name

**BELMONT-HANGING MOSS-TIFFANCY ACRES CIVIC ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

7465 FACULTY DRIVE  
ORLANDO FL 32807  
US

P.O. BOX 4905  
WINTER PARK FL 32793-4905  
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

59-2131753

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

COOMES, C ANDREW  
501 EAST CHURCH ST  
ORLANDO FL 32801

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                      |                                            |
|----------------|----------------------|--------------------------------------------|
| TITLE          | TD                   | <input checked="" type="checkbox"/> Delete |
| NAME           | VAUGHN, DEWEY A.     |                                            |
| STREET ADDRESS | 7465 FACULTY DRIVE   |                                            |
| CITY-ST-ZIP    | ORLANDO FL 32807     |                                            |
| TITLE          | D                    | <input type="checkbox"/> Delete            |
| NAME           | LEVY, GRANT          |                                            |
| STREET ADDRESS | 7445 FACULTY DRIVE   |                                            |
| CITY-ST-ZIP    | ORLANDO FL 32807     |                                            |
| TITLE          | P                    | <input type="checkbox"/> Delete            |
| NAME           | CASWELL, GARY        |                                            |
| STREET ADDRESS | 2843 ANTIOCH WAY     |                                            |
| CITY-ST-ZIP    | ORLANDO FL 32807     |                                            |
| TITLE          | S                    | <input checked="" type="checkbox"/> Delete |
| NAME           | CASWELL, PEGGY       |                                            |
| STREET ADDRESS | 2843 ANTIOCH WAY     |                                            |
| CITY-ST-ZIP    | ORLANDO FL 32807     |                                            |
| TITLE          | DR                   | <input type="checkbox"/> Delete            |
| NAME           | HARRIS, SUSAN T      |                                            |
| STREET ADDRESS | 2807 MOSS GROVE BLVD |                                            |
| CITY-ST-ZIP    | ORLANDO FL 32807     |                                            |
| TITLE          | VP                   | <input type="checkbox"/> Delete            |
| NAME           | SMITH, BILLY         |                                            |
| STREET ADDRESS | 7472 WAYLAND BLVD    |                                            |
| CITY-ST-ZIP    | ORLANDO FL 32807     |                                            |

|                |                    |                                                                              |
|----------------|--------------------|------------------------------------------------------------------------------|
| TITLE          | VP                 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | HANK MOLLNHAUER    |                                                                              |
| STREET ADDRESS | 7426 WAYLAND BLVD. |                                                                              |
| CITY-ST-ZIP    | ORLANDO, FL 32807  |                                                                              |
| TITLE          | TREAS.             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                    |                                                                              |
| STREET ADDRESS |                    |                                                                              |
| CITY-ST-ZIP    |                    |                                                                              |
| TITLE          | DIRECTOR           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                    |                                                                              |
| STREET ADDRESS |                    |                                                                              |
| CITY-ST-ZIP    |                    |                                                                              |
| TITLE          | SEC.               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | LIZ VAN DER MARK   |                                                                              |
| STREET ADDRESS | 2563 GRESHAM DR.   |                                                                              |
| CITY-ST-ZIP    | ORLANDO, FL 32807  |                                                                              |
| TITLE          | PRES.              | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                    |                                                                              |
| STREET ADDRESS |                    |                                                                              |
| CITY-ST-ZIP    |                    |                                                                              |
| TITLE          | DIRECTOR           | <input checked="" 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

Date

Daytime Phone #

**FILED**  
**Feb 17, 2002 8:00 am**  
**Secretary of State**

02-17-2002 90085 025 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)