

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 765907

1. Entity Name

GLEN JAC HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3702 SECOR AVE  
BRONX NY 10466  
US

% GOBIN PERSAND  
3702 SECOR AVE  
BRONX NY 10466-5917  
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

59-2892868

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

PERSAND, PAUL  
865 SAN PEDRO CT  
POINCIANA  
KISSIMMEE FL 32758

Name

PAUL PERSAND

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

1595 SHADY OAK DRIVE

City

KISSIMMEE

FL

Zip Code

34744

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	PD	<input type="checkbox"/> Delete
NAME	PERSAND, GOBIN	
STREET ADDRESS	3702 SECOR AVE	
CITY-ST-ZIP	BRONX NY	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PERSAND, MOHANE	
STREET ADDRESS	3702 SECOR AVE	
CITY-ST-ZIP	BRONX NY	
TITLE	STD	<input type="checkbox"/> Delete
NAME	PERSAND, PAUL	
STREET ADDRESS	865 SAN PEDRO CT	
CITY-ST-ZIP	POINCIANA KI	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAUL PERSAND	
STREET ADDRESS	1595 SHADY OAK DRIVE	
CITY-ST-ZIP	KISSIMMEE, FL. 34744	
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
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/2000 (718) 325-6462



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)