

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 767121

1. Entity Name

CAROLINE ESTATES COMMUNITY ASSOCIATION, INC.

FILED
Aug 15, 2000 8:00 am
Secretary of State

08-15-2000 90004 044 ****61.25

Principal Place of Business

PO BOX 196
CLARCONA FL 32710-0196
US

Mailing Address

PO BOX 196
CLARCONA FL 32710-0196
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

59-2551064

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KRANTZ, GREGORY S
6824 GALLE CT
ORLANDO FL 32818

7. Name and Address of New Registered Agent

Name

JAMES W. KEARNS

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

6926 REMBRANDT DRIVE

City

ORLANDO

FL

Zip Code
32818

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 reinstalling)

DATE

JAMES W. KEARNS

8/9/00

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

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	VP	<input checked="" type="checkbox"/> Delete
NAME	DOBIE, WILLIE	
STREET ADDRESS	5215 RENOIR DR	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, IRIS	
STREET ADDRESS	5318 RENOIR DR	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BARKER, PAT	
STREET ADDRESS	6757 RUBENS CT	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	KRANTZ, GREGORY S	
STREET ADDRESS	6824 GALLE CT	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	M	<input checked="" type="checkbox"/> Delete
NAME	GIANETTI, IAN	
STREET ADDRESS	53333 RENOIR DR	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	D	<input type="checkbox"/> Delete
NAME	WATTS, DEXTER	
STREET ADDRESS	53333 RENOIR DR	
CITY-ST-ZIP	6838 REMBRANDT DR FL 32818	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICK FOSTER	
STREET ADDRESS	6934 REMBRANDT DR.	
CITY-ST-ZIP	ORLANDO FL. 32818	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES W. KEARNS	
STREET ADDRESS	6926 REMBRANDT DR.	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	CONSTANCE KACZMAREK	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6821 REMBRANDT DR.	
STREET ADDRESS	ORLANDO FL. 32818	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CATHLENE WEST	
STREET ADDRESS	6156 RUBENS CT	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE COPPOCK	
STREET ADDRESS	6917 REMBRANDT DR	
CITY-ST-ZIP	ORLANDO FL 32818	
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

Date

Daytime Phone #

8/9/00

CR2E037 (\$5.00)