

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 01, 2001 8:00 am**  
**Secretary of State**

02-01-2001 90024 014 \*\*\*\*61.25

**DOCUMENT # 767121**

1. Entity Name

**CAROLINE ESTATES COMMUNITY ASSOCIATION, INC.**

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  
**Kearns, James W.**  
Street Address (P.O. Box Number is Not Acceptable)  
**6926 Rembrandt Dr.**  
City **Orlando, FL 32818** Zip Code **FL**

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.

**James W. Kearns**

**1-21-2001**

DATE

**01**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAD V/D Rick FOSTER D 6934 REMBRANDT DR ORLANDO, FL 32818	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D KEARNS, JAMES W. D 6926 REMBRANDT DR. ORLANDO, FL 32818	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D WEST, KATHLEEN H. D 6756 RUBENS CT. ORLANDO, FL 32818	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D KACZMAREK, CONSTANCE D 6821 REMBRANDT DR. ORLANDO, FL 32818	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COPPOCK, LEE A. D 6917 REMBRANDT DR. ORLANDO, FL 32818	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATTS, DEXTER D 6838 REMBRANDT DR. ORLANDO, FL 32818	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Kathleen H. West*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**KATHLEEN H. WEST**

Date

Daytime Phone #

**1-21-01 (407) 294-2166**

CR2E037 (10/00)