## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## **FILED** DOCUMENT # 767328 Mar 30, 2000 8:00 am 1. Entity Name **Secretary of State** BAY LAGOON COMMUNITY ASSOCIATION, INC. 03-30-2000 90003 014 \*\*\*\*61.25 Mailing Address Principal Place of Business **BLHA** BLHA BOX 1322 BOX 1322 LONGWOOD FL 32750 LONGWOOD FL 32750 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2472739 Not Applicable Zip \$8.75 Additional ....Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MAUK UMMINGO Box Number is No Street Address (P.O. **CUMMINGS, MARK B** 1360 N MARCY DRIVE LONGWOOD FL 32750 8. The above named entity submits this statement for purpose of changing its registered office or registered agent, or both, in the state of Florida (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. $\Box$ Added to Fees **Department of State** FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. TD Change ☐ Addition TITLE TITLE ☐ Delete PORTEN, RON NAME NAME STREET ADDRESS STREET ADDRESS 1352 N. MARCY DR CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL MARK B. CUMMINGS Change 1360 N. MARCY DY ☐ Addition PD ☐ Delete TITLE Pn TITLE ROBINSON, MAURICE NAME NAME STREET ADDRESS STREET ADDRESS 1346 N. MARCY DR Longwood-Fl CITY~ST-ZiP CITY-ST-ZIP LONGWOOD FL-32750 Peacolk Change Delete Kristi TITLE ٧D VĐ TITLE NAME **CUMMINGS, MARK** NAME 1341 N. MARCY DV STREET ADDRESS STREET ADDRESS 1360 N. MARCY DR Larawood CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL 32750 ☐ Addition TITLE ☐ Change SD ☐ Delete TITLE NAME **CUMMINGS, MARK** NAME STREET ADDRESS STREET ADDRESS 1360 N MARCY DR CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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