2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

7770 W IRLO BRONSON MEM HWY

Fred Upthagrove

R PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

U.S. 192 WEST

DOCUMENT # 768999

1. Entity Name

U.S. 192 WEST

Principal Place of Business

7770 W IRLO BRONSON MEM HWY

SIGNATURE:

L.O.V.O. CONDOMINIUM ASSOCIATION, INC.

KISSIMMEE FL 34747 US		KISSIMMEE FL 34747-1741 US				GUGUN GUGUN EU s uk Gugun		
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI Numb	4. FEI Number 59-2942714		olied For Applicable	
Zip	Country	Zip	Country	5. Certificate	of Status Desired	\$8.75 Addi Fee Required		
	6. Name and Address of Current I	Registered Agent		7. Name and	Address of New Register	ed Agent		
			Name	Name				
	HODT D &	Street Address		idress (P.O. Box Numb	(P.O. Box Number is Not Acceptable)			
POHL & SHORT, P.A. 280 W. CANTON AVENUE					-			
SUITE 410		- City				■ Zip Code		
	ARK FL 32789		City			L Zip Code		
8. The above	named entity submits this statement for	the purpose of changing its re	gistered office or	registered agent, or bo	th, in the state of Florida.		}	
01011471105								
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: F	Registered Agent signatu	ire required when reinstating)	DAT	TE		
			-					
FILE NOW:		9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be	55.00 May Be Make Check Pay dded to Fees Department of			
	FEE IS \$61.25	Trust Fund Contributi	ЮП. Ц	Added to rees	Departin	cill or otate		
10.	OFFICERS AND DIF	RECTORS	11.	ADDITIONS/CH	IANGES TO OFFICERS AND	DIRECTORS IN		
TITLE	D	☐ Delete	TITLE	S *		K KChange	☐ Addition	
NAME	STEWART STEVE		NAME	Stewart, S			i	
STREET ADORESS	47 ARIAN AVE		STREET ADDRESS CITY-ST-ZIP		47 Arian Ave. Bronx, N.Y. 10463			
CITY-ST-ZIP	BRONX NY 10463	Delete	TITLE	T		☐ Change	K KAddition	
TITLE NAME	D DOLLOFF, HAROLD	☐ Delete	NAME	Upthagrove	pthagrove, Fred			
STREET ADDRESS	104 CLARK ST		STREET ADDRESS	3 Sunshine	Sunshine Blvd ermond Beach, F1 32174			
CITY-ST-ZIP	PORTLAND ME 04102		CITY-ST-ZIP-					
TITLE	D	☐ Delete	TITLE	D	hemancik, Tom		XX Addition	
NAME	BLAISSE, LARRY		NAME STREET ADDRESS		311 Hamlin Dr		ļ	
STREET ADDRESS CITY-ST-ZIP	1329 COLWEL LANE CONSHOHOCKEN PA 19428		CITY-ST-ZIP		Clearwater, FL 33764			
TITLE	D	XX Delete	TITLE	VP *		Change	Addition	
NAME	GARFINKLE, DAVID		NAME	Dolloff, I				
STREET ADDRESS	1111 LINCOLN RD 800		STREET ADDRESS	104 Clark Portland,				
CITY-ST-ZIP	MIAMI BCH FL		CITY-ST-ZIP	P *	ME 04102	XX Change	☐ Addition	
TITLE	D ACDINIALL HARAY	Delete	TITLE NAME	Blaisse,	Larry	E-J Gridingo	C	
NAME STREET ADDRESS	ASPINALL, JIMMY 17770 W. IRLO BRONSON HWY		STREET ADDRESS	1329 Colw	el Lane			
CITY-ST-ZIP	KISSIMMEE FL 34747		CITY-ST-ZIP	Conshohoc	ken, PA 19428		<u> </u>	
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition	
NAME	,		NAME					
STREET ADDRESS	· ·		STREET ADDRESS CITY-ST-ZIP					
CITY-ST-ZIP	certify that the information supplied wit	n this filing does not qualify for	the supportion at	ted in Section 119 07/3	(N)(i), Florida Statutes, I furthe	r certify that the in	nformation	
12. I hereby indicated of the co	certify that the information supplied wit d on this report or supplemental report i rporation or the receiver or austee emp d, or on an attachment with an address.	n this filing does not quality for s true and accurate and that my owered to execute this report a with all other like empowered.	y signature shall t is required by Ch	nave the same legal effe apter 617, Florida Statu	ect as if made under oath; the tes; and that my name appear	at I am an officer ars in Block 10 or	or director Block 11 if	

FILED

May 01, 2000 8:00 am Secretary of State

904-677-0573

Daytime Phone #

04/17/00

05-01-2000 90392 023 ****61.25