

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State
 05-02-2001 90053 022 ****61.25

UBR01/3

DOCUMENT # 769926

1. Entity Name

PLACE 434 PHASE II CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

2633 W. S.R. 434
 2635 WEST S.R. 434
 LONGWOOD FL 32779
 US

Mailing Address

2633 W S.R. 434
 2635 WEST S.R. 434
 LONGWOOD FL 32779
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
 LONGWOOD FLORIDA

Zip

Country

Zip

Country

32779

US

4. FEI Number

59-1663131

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

INGALLS, MIKE
 2631 W HWY 434
 LONGWOOD FL 32779

Name

D.B. YOUNG, JR.

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

2623 WEST STATE ROAD 434

City

LONGWOOD

FL

Zip Code

32779

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 D.B. YOUNG, JR. PRESIDENT

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/01

**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 ☐ Delete
 NAME TD
 STREET ADDRESS PICHENY, SANDRA A
 CITY-ST-ZIP 2623 W S.R. 434
 LONGWOOD FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME PD
 STREET ADDRESS DUNN, RICHARD
 CITY-ST-ZIP 2639 WEST S.R. 434
 LONGWOOD FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME SD
 STREET ADDRESS INGALLS, MIKE
 CITY-ST-ZIP 2631 W HWY 434
 LONGWOOD FL 32779

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
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TITLE ☐ Delete
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TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SANDRA PICHENY
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01

Date

(407) 682-0135
 Daytime Phone #

CR2E037 (10/00)