

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 08, 2000 8:00 am**  
**Secretary of State**

03-08-2000 90006 001 \*\*\*\*70.00

**DOCUMENT # 770599**

1. Entity Name

**THE PALM SPRINGS SQUARE CONDOMINIUM ASSOCIATION,**

Principal Place of Business

Mailing Address

631 PALM SPRINGS DRIVE, SUITE 111  
 %ROBERT J. MACMURRAY, M.D., P.A.  
 ALTAMONTE SPRINGS FL 32701

631 PALM SPRINGS DRIVE, SUITE 111  
 %ROBERT J. MACMURRAY, M.D., P.A.  
 ALTAMONTE SPRINGS FL 32701-7854



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**631 PALM SPRINGS DRIVE**

**631 PALM SPRINGS DRIVE**

Suite, Apt. #, etc.  
**SUITE 107**

Suite, Apt. #, etc.  
**SUITE 107**

City & State

City & State

**ALTAMONTE SPRINGS FL**

**ALTAMONTE SPRINGS FL**

4. FEI Number

**59-2957874**

Applied For

Not Applicable

Zip

Country

Zip

Country

**32701**

**SEMINOLE**

**32701**

**SEMINOLE**

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

**KOPEC**

Name

**KOPER, ROBERT**

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

**631 PALM SPRINGS DR 107  
 ALTAMONTE SPRINGS FL 32701**

City

**FL**

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 **PD KOPEC, ROBERT**  
 STREET ADDRESS **631 PALM SPRINGS DR 107**  
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **DV MORRIS, WAYNE**  
 STREET ADDRESS **631 PALM SPRINGS DRIVE 107**  
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **DST KEMPER, SUSAN**  
 STREET ADDRESS **631 PALM SRPINGS DR. 111**  
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D FOSTER, BOB**  
 STREET ADDRESS **631 PALM SPRINGS DRIVE 116**  
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D HUDSON, JUDY**  
 STREET ADDRESS **631 PALM SPRINGS DRIVE 101**  
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ROBERT KOPEC PRESIDENT 3/1/00**

Date

**407-767-0433**

Daytime Phone # **238**

CR2E037 (9/99)