

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000001193

1. Entity Name

SHERBROOK AT LEGENDS NEIGHBORHOOD ASSOCIATION, I

Principal Place of Business

2180 WEST STATE 434  
SUITE 5000  
LONGWOOD FL 32779-5044

Mailing Address

2180 WEST STATE 434  
SUITE 5000  
LONGWOOD FL 32779-5044

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

59-3635282

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

HART, JAMES W JR  
SENTRY MANAGEMENT INC  
2180 WEST STATE 434, SUITE 5000  
LONGWOOD FL 32779

Name

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

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, typed 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 PD  
NAME HACKER, E B  
STREET ADDRESS 1900 KINGS RIDGE BLVD  
CITY-ST-ZIP CLERMONT FL 34711 ☐ Delete

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

TITLE VD  
NAME HUDRLIK, DEBORA  
STREET ADDRESS 4902 EISENHOWER BLVD SUITE 100  
CITY-ST-ZIP TAMPA FL 33634 ☒ Delete

TITLE PD  
NAME SELLERS, JEFF  
STREET ADDRESS 1110 Douglas Avenue, Suite 2040  
CITY-ST-ZIP Altamonte Springs, FL 32714 ☐ Change ☒ Addition

TITLE STD  
NAME MCPHERSON, LAURA  
STREET ADDRESS 1900 KINGS RIDGE BLVD  
CITY-ST-ZIP CLERMONT FL 34711 ☒ Delete

TITLE STD  
NAME SODERMARK, CHRISTINE  
STREET ADDRESS 1110 Douglas Avenue, Suite 2040  
CITY-ST-ZIP Altamonte Springs, FL 32714 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-682-9291

FILED  
Mar 30, 2001 8:00 am  
Secretary of State

03-30-2001 90338 021 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)