# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Apr 14, 2001 8:00 am**
**Secretary of State**
04-14-2001 90043 050 ****96.25

DOCUMENT # N00000005229

1. Entity Name

HIGHGATE AT KINGS RIDGE NEIGHBORHOOD ASOCIATION,

| Principal Place of Business | Mailing Address |
|---|---|
| 1900 KINGS RIDGE BLVD<br>CLERMONT FL 34711 | 1900 KINGS RIDGE BLVD<br>CLERMONT FL 34711 |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 2180 WEST SR 434 | 2180 WEST SR 434 |
| Suite, Apt. #, etc.: SUITE 5000 | Suite, Apt. #, etc.: SUITE 500 |
| City & State: LONGWOOD FL | City & State: LONGWOOD FL |
| Zip: 32779-5044 Country: US | Zip: 32779-5044 Country: US |

4. FEI Number: 59-3699021 ☐ 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 |
|---|---|
| KIMBALL FLETCHER, PATRICIA P.A.<br>200 S BISCAYNE BLVD, STE 3410<br>MIAMI FL 33131 | Name: HART, JAMES W. JR.<br>Street Address (P.O. Box Number is Not Acceptable): SENTRY MANAGEMENT, INC.<br>2180 W SR 434 STE 5000<br>City: LONGWOOD FL Zip Code: 32779-5044 |

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 _____ 2/9/01
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 / NAME / STREET ADDRESS / CITY-ST-ZIP | DP<br>HACKER, E BING<br>1900 KINGS RIDGE BLVD<br>CLERMONT FL 34711 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DV<br>HUNTER, WILLIAM<br>1900 KINGS RIDGE BLVD<br>CLERMONT FL 34711 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>Hunter, Hal | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DS<br>SODERMARK, CHRISTINE<br>1900 KINGS RIDGE BLVD<br>CLERMONT FL 34711 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>Sellers, Jeff<br>1110 Douglas Avenue, Suite 2040<br>Orlando, 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 | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (10/00)

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:** E. Bing Hacker E. Bing Hacker 2-22-01 352-242-1192
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #