

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90027 043 ****61.25

659219

DO NOT WRITE IN THIS SPACE

DOCUMENT # N00000006381 1. Entity Name V.P. HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 1800 PEMBROOK DRIVE #320 ORLANDO FL 32810			Mailing Address 1800 PEMBROOK DRIVE #320 ORLANDO FL 32810		
2. Principal Place of Business Suite, Apt. #, etc. City & State			3. Mailing Address Suite, Apt. #, etc. City & State		
Zip 		Country 		4. FEI Number 59-3700972	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BARIC, JOHN 7900 GLADES ROAD, #200 BOCA RATON FL 33434			7. Name and Address of New Registered Agent 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 NAME STREET ADDRESS CITY-ST-ZIP	D GERSH, JEFFREY S 1800 PEMBROOK DRIVE #320 ORLANDO FL 32810	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D GERSH, JEFFREY S 1800 PEMBROOK DRIVE #320 ORLANDO FL 32810	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAVEC, RICHARD E 1800 PEMBROOK DRIVE #320 ORLANDO FL 32810	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S/D BAVEC, RICHARD D 1800 PEMBROOK DRIVE #320 ORLANDO FL 32810	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARDINER, WILLIAM 1800 PEMBROOK DRIVE #320 ORLANDO FL 32810	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D CARDINER, WILLIAM 1800 PEMBROOK DRIVE #320 ORLANDO FL 32810	☒ 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	
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:			Jeffrey S. Gersh		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date _____ Daytime Phone # 407-667-3540		