

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000006381

1. Entity Name

V.P. HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

2180 WEST SR 434 SUITE 5000  
LONGWOOD FL 32779-5044

Mailing Address

2180 WEST SR 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

59-3700972

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

BARIC, JOHN  
7900 GLADES RD., #200  
BOCA RATON FL 33434

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  
PD  
GERSH, JEFFREY S  
1800 PEMBROOK DR., #320  
ORLANDO FL 32810 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VSD  
BAVEC, RICHARD D  
1800 PEMBROOK DR., #320  
ORLANDO FL 32810 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
BERGER, PHIL  
1800 PEMBROOK DR. STE 320  
ORLANDO, FL 32810 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
GARDINER, WILLIAM  
1800 PEMBROOK DR., #320  
ORLANDO FL 32810 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VDT  
GARDINER, WILLIAM  
1800 PEMBROOK DR. STE 320  
ORLANDO, FL 32810 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
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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

2-27-02

Date

386-738-6050

Daytime Phone #

CR2E037 (9/01)

0084813

FILED  
Apr 09, 2002 8:00 am  
Secretary of State

04-09-2002 90065 042 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE