

# 2000 UNIFORM BUSINESS REPORT (UBR)

4/2

DOCUMENT # **NO4777**  
 i. Entity Name  
**MOUNT DORA COMMONS CONDOMINIUM ASSOCIATION, INC.**

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90202 032 \*\*\*150.00

Principal Place of Business Mailing Address **SAME**  
**1400 EUDORA ROAD, OFFICE**  
**MOUNT DORA, FL 32757**

**403296**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>SAME</b>		3. Mailing Address <b>SAME</b>		4. FEI Number <b>592-69-0095</b>		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State					
Zip	Country	Zip	Country				

**YEVELL G. WATKINS**  
**1400 EUDORA ROAD, OFFICE**  
**MOUNT DORA, FL 32757**

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 *Yevell G. Watkins* **YEVELL G. WATKINS** **4-14-00**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒  
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>PRESIDENT</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>YEVELL G. WATKINS</b>		NAME		
STREET ADDRESS	<b>26430 SAVAGE CIRCLE</b>	<input checked="" type="checkbox"/> D	STREET ADDRESS		
CITY-ST-ZIP	<b>HOWEY, FL 34737</b>		CITY-ST-ZIP		
TITLE	<b>TRON HAHN, VICE PRESIDENT</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TROY HAHN</b>		NAME		
STREET ADDRESS	<b>1400 EUDORA ROAD</b>	<input checked="" type="checkbox"/> D	STREET ADDRESS		
CITY-ST-ZIP	<b>MOUNT DORA, FL 32757</b>		CITY-ST-ZIP		
TITLE	<b>SECRETARY</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KARL HARDESTY</b>		NAME		
STREET ADDRESS	<b>1400 EUDORA ROAD</b>	<input checked="" type="checkbox"/> D	STREET ADDRESS		
CITY-ST-ZIP	<b>MOUNT DORA, FL 32757</b>		CITY-ST-ZIP		
TITLE	<b>TREASURER</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JACKIE WATKINS</b>		NAME		
STREET ADDRESS	<b>26430 SAVAGE CIRCLE</b>	<input checked="" type="checkbox"/> D	STREET ADDRESS		
CITY-ST-ZIP	<b>HOWEY, FL 34737</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Yevell G. Watkins*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/17/00** **352-735-0901**  
 Date Daytime Phone #

CR2E034 (9/99)