# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 02, 2001 8:00 am**
**Secretary of State**
05-02-2001 90003 029 ****61.25

DOCUMENT # N08234

1. Entity Name

PICKETT DOWNS UNITS II & III HOMEOWNERS' ASSOCIA

| Principal Place of Business | Mailing Address |
|---|---|
| P.O. BOX 7<br>CHULUOTA FL 32766 | P.O. BOX 7<br>CHULUOTA FL 32766 |

DO NOT WRITE IN THIS SPACE

| 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 59-2929550 ☐ 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 |
|---|---|
| MORBITZER, MARGARET L<br>MORBITZER COMMUNITIES INC<br>668 N ORLANDO AVE., #105<br>MAITLAND FL 32751 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 | DP<br>BELSON, MARTIN<br>2930 PICKETT DOWNS DRIVE<br>CHULUOTA FL 32766 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>Abdurrashid, Bilal<br>2412 Hibbard Trail<br>Chuluota, FL 32766 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>JANS, ALMA<br>1907 WARNER DR<br>CHULUOTA FL 32766 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>Sujansky, Jay<br>1784 Saboff Way<br>Chuluota, FL 32766 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>CEPPI, RICARDO<br>1913 SABOFF WAY<br>CHULUOTA FL 32766 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>Vierck, Chris<br>1561 Van Hercke Lane<br>Chuluota, FL 32766 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>HARRIS, TERESA<br>2754 PICKETT DOWNS DRIVE<br>CHULUOTA FL 32766 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Meers, Steve<br>1721 Saboff Way<br>Chuluota, FL 32766 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | AC<br>URBANEK, STAN<br>2908 PICKETT DOWNS DRIVE<br>CHULUOTA FL | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | AC<br>GRAY, JIM<br>1656 SABOFF WAY<br>CHULUOTA FL 32766 | ☒ 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:** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #