

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N08234

1. Entity Name

PICKETT DOWNS UNITS II & III HOMEOWNERS' ASSOCIA

Principal Place of Business

P.O. BOX 7
CHULUOTA FL 32766

Mailing Address

P.O. BOX 7
CHULUOTA FL 32766

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
Fees Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORBITZER, MARGARET L
MORBITZER COMMUNITIES INC
668 N ORLANDO AVE., #105
MAITLAND FL 32751

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 DP
NAME BELSON, MARTIN ☒ Delete
STREET ADDRESS 2930 PICKETT DOWNS DRIVE
CITY-ST-ZIP CHULUOTA FL 32766

TITLE VD
NAME JANS, ALMA ☒ Delete
STREET ADDRESS 1907 WARNER DR
CITY-ST-ZIP CHULUOTA FL 32766

TITLE TD
NAME CEPPI, RICARDO ☒ Delete
STREET ADDRESS 1913 SABOFF WAY
CITY-ST-ZIP CHULUOTA FL 32766

TITLE SD
NAME HARRIS, TERESA ☒ Delete
STREET ADDRESS 2754 PICKETT DOWNS DRIVE
CITY-ST-ZIP CHULUOTA FL 32766

TITLE AC
NAME URBANEK, STAN ☒ Delete
STREET ADDRESS 2908 PICKETT DOWNS DRIVE
CITY-ST-ZIP CHULUOTA FL

TITLE AC
NAME GRAY, JIM ☒ Delete
STREET ADDRESS 1656 SABOFF WAY
CITY-ST-ZIP CHULUOTA FL 32766

TITLE PD
NAME Abdurrashid Bilal ☐ Change ☒ Addition
STREET ADDRESS 2412 Hibbard Trail
CITY-ST-ZIP Chuluota, FL 32766

TITLE TD
NAME Sujansky, Jay ☐ Change ☒ Addition
STREET ADDRESS 1784 Saboff Way
CITY-ST-ZIP Chuluota, FL 32766

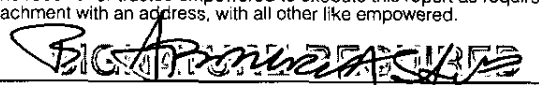
TITLE SD
NAME Vierck, Chris ☐ Change ☒ Addition
STREET ADDRESS 1561 Van Hercke Lane
CITY-ST-ZIP Chuluota, FL 32766

TITLE D
NAME Meers, Steve ☐ Change ☒ Addition
STREET ADDRESS 1721 Saboff Way
CITY-ST-ZIP Chuluota, FL 32766

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

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

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 #

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90003 029 ****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)