

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N09133

1. Entity Name

HOLLOWBROOK HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

165 W. SR 434
WINTER SPRINGS FL 32708
US

Mailing Address

P.O. BOX 950455
LAKE MARY FL 32795-0455
US

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

59-2563249

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

EPM SERVICES, INC.
165 WEST STATE ROAD 434
WINTER SPRINGS FL 32708

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 ☐ Delete
NAME D
STREET ADDRESS CONNELLY, SUE
CITY-ST-ZIP 612 SUMTER CT
WINTER SPRINGS FL 32708

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

TITLE ☐ Delete
NAME D
STREET ADDRESS KAPLAN, ROBERT
CITY-ST-ZIP 722 ROSALIE WAY
WINTER SPRINGS FL 32708

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

TITLE ☒ Delete
NAME D
STREET ADDRESS LANEY, RENEE
CITY-ST-ZIP 3491 S ST LUCIE DR
CASSELBERRY FL 32707

TITLE ☐ Change ☒ Addition
NAME D V
STREET ADDRESS Clifford, Mark
CITY-ST-ZIP 3486 Buffam Place
Casselberry, FL 32707

TITLE ☐ Delete
NAME DST
STREET ADDRESS SILVERBERG, DJ
CITY-ST-ZIP 3775 BISCAYNE DRIVE
WINTER SPRINGS FL 32708

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

TITLE ☐ Delete
NAME P/D
STREET ADDRESS FLEMING, DAVID
CITY-ST-ZIP 3419 S ST LUCIE DR
CASSELBERRY FL 32707

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

TITLE ☒ Delete
NAME OVP
STREET ADDRESS SEGER, TED
CITY-ST-ZIP 3852 BISCAYNE DR
WINTER SPRINGS FL 32708

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS Grauds, Aldis
CITY-ST-ZIP 4080 Biscayne Court
Casselberry, FL 32707

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)