

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N14999

1. Entity Name

RANCLANDS HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

250 E. PANAMA ROAD  
WINTER SPRINGS FL 32708-3516  
US

Mailing Address

250 E. PANAMA ROAD  
WINTER SPRINGS FL 32708-3516  
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

59-2797077

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

FERNANDEZ, WILLIAM W SR  
250 PANAMA RD EAST  
WINER SPRINGS FL 32708-3516

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

TITLE PD  
NAME FERNANDEZ, WILLIAM W SR  
STREET ADDRESS 250 E PANAMA ROAD  
CITY-ST-ZIP WINTER SPRINGS FL ☐ Delete

TITLE TD  
NAME BOWMAN, KATHLEEN  
STREET ADDRESS 400 HAYES ROAD  
CITY-ST-ZIP WINTER SPRINGS FL ☐ Delete

TITLE SD  
NAME VIVIAN, DIANE  
STREET ADDRESS 270 E BAHAMA ROAD  
CITY-ST-ZIP WINTER SPRINGS FL ☐ Delete

TITLE VD  
NAME STEPHENS, CARL E JR  
STREET ADDRESS 700 FISHER ROAD  
CITY-ST-ZIP WINTER SPRINGS FL ☐ Delete

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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  
Jan 20, 2001 8:00 am  
Secretary of State

01-20-2001 90025 004 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)