

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90249 046 ****61.25

DOCUMENT # N15005

1. Entity Name

STEEPLECHASE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**8003 STEEPLCHASE BLVD
 ORLANDO FL 32818
 US**

**8003 STEEPLCHASE BLVD
 ORLANDO FL 32818
 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

59-1824597

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

**MOSTELLER, DON S
 8003 STEEPLCHASE BLVD
 ORLANDO FL 32818**

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 NAME STREET ADDRESS CITY-ST-ZIP	DT MOSTELLER, DON S 8003 STEEPLCHASE BLVD ORLANDO FL 32818	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COMBS, GENE 8244 STEEPLCHASE BLVD. ORLANDO FL 32818	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASS, C R 8026 STEEPLCHASE BLVD ORLANDO FL 32818	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, DOUG 7901 STEEPLCHASE BLVD ORLANDO FL 32818	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALEXANDER, MARK 8208 STEEPLCHASE BLVD ORLANDO FL 32818	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

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

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: **DON S MOSTELLER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/02 (407) 522-1718

Date

Daytime Phone #

CR2E037 (9/01)