

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N16503**

1. Entity Name

LAKE JESSAMINE ESTATES HOMEOWNER'S ASSOCIATION,

Principal Place of Business

PO BOX 593961
ORLANDO FL 32859
US

Mailing Address

PO BOX 593961
ORLANDO FL 32859
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2802378

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**LUBY, PEGGY
5117 STRATE MEYER DR.
ORLANDO FL 32839**

7. Name and Address of New Registered Agent

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 **VD** ☐ Delete
NAME **RUSSEL, EDWARD**
STREET ADDRESS **5189 STRATEMEYER DR**
CITY-ST-ZIP **ORLANDO FL 32839**TITLE **DP** ☐ Delete
NAME **BROWN, WILLIAM E**
STREET ADDRESS **5088 STRATEMEYER DR**
CITY-ST-ZIP **ORLANDO FL 32839**TITLE **DT** ☐ Delete
NAME **LUBY, PEGGY**
STREET ADDRESS **5117 STRATEMEYER DR**
CITY-ST-ZIP **ORLANDO FL 32839**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

PEGGY LUBY 5-3-01 240-9944**FILED**
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90406 021 ****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)