

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N20717

1. Entity Name

LOT 13, BLOCK 278, UNIT 13 HOMEOWNERS' ASSOCIATI

Principal Place of Business

5605 GRANADA BLVD.  
SEBRING FL 33872

Mailing Address

5605 GRANADA BLVD.  
SEBRING FL 33872-2392

2. Principal Place of Business

5607 GRANADA BLVD.

3. Mailing Address

5607 GRANADA BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SEBRING FL

City & State

SEBRING FL

4. FEI Number

59-2881396

Applied For

Not Applicable

Zip

33872

Country

USA

Zip

33872

Country

USA

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

6. Name and Address of Current Registered Agent

ROBERTS, GEORGE J.  
5605 GRANADA BLVD.  
SEBRING FL 33872

7. Name and Address of New Registered Agent

Name  
MICHAEL McCARTY

Street Address (P.O. Box Number is Not Acceptable)  
5607 GRANADA BLVD

City SEBRING FL Zip Code 33872

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 Michael McCarty MICHAEL McCARTY 4-4-00

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 NAME STREET ADDRESS CITY-ST-ZIP	PD MCCARTY, MICHAEL 5607 GRANADA BLVD. SEBRING FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MITCHELL, THOMAS J. 5603 GRANADA BLVD. SEBRING FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ROBERTS, GEORGE J. 5605 GRANADA BLVD. SEBRING FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CAROLYN DONLIVE 5603 GRANADA BLVD SEBRING FL 33872	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RUTH ROBERTS 5605 GRANADA BLVD SEBRING FL 33872	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: Michael McCarty MICHAEL McCARTY 4-4-00 471.0106

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE