

# 2000 UNIFORM BUSINESS REPORT (UBR)

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**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**  
 03-04-2000 90083 025 \*\*\*\*61.25

**DOCUMENT # N20954**

1. Entity Name

**PROPERTY OWNERS ASSOCIATION OF UNIVERSITY WOODS.**

Principal Place of Business

Mailing Address

P.O. BOX 5613  
 WINTER PARK FL 32793-5613

P.O. BOX 5613  
 WINTER PARK FL 32793-5613

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

**59-2887538**

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

**MEEHAN, SCOTT**  
**3441 PAISLEY CIR.**  
**ORLANDO FL 32817**

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	<input type="checkbox"/> Delete
NAME	MEEHAN, SCOTT	
STREET ADDRESS	3441 PAISLEY CIR	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ROBERTS, MACKEY	
STREET ADDRESS	10535 ABLINGDOR CHASE	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BUSTRAAN, BILL	
STREET ADDRESS	10625 ABLINGDOR CHASE	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Rob Berry - V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	3339 Paisley Cir.	
STREET ADDRESS	Orlando, FL 32817	
CITY-ST-ZIP		
TITLE	5 Bustraan, Bill	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10625 Abingdon Chase	
STREET ADDRESS	Orlando, FL 32817	
CITY-ST-ZIP		
TITLE	Sara RIVERA-T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	3304 Aider Pl.	
STREET ADDRESS	Orlando, FL 32817	
CITY-ST-ZIP		
TITLE	5 Rick Parker	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	10612 Abingdon Chase	
STREET ADDRESS	Orlando, FL 32817	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 #

CF12E037 (9/99)