

2000 UNIFORM BUSINESS REPORT (UBR)

0015639

DOCUMENT # N26282

1. Entity Name

RIVER CHASE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

2180 W. STATE RD. 434
SUITE 5000
LONGWOOD FL 32779

Mailing Address

2180 W. STATE RD. 434
SUITE 5000
LONGWOOD FL 32779-5042

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

59-2999394

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

HART, JAMES W JR
SENTRY MANAGEMENT, INC.
2180 W. SR 434, SUITE 5000
LONGWOOD FL 32779

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.

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-03/24/00--01076--011

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*****61.25 *****61.25

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 D ☒ Delete
NAME LAMBERT, MARK
STREET ADDRESS 140 RIVER CHASE DR.
CITY-ST-ZIP ORLANDO FL 32807

TITLE PD ☐ Change ☒ Addition
NAME NORMAN, DOUG
STREET ADDRESS 137 RIVER CHASE DR
CITY-ST-ZIP ORLANDO FL 32807

TITLE PD ☒ Delete
NAME LARKIN, THOMAS
STREET ADDRESS 381 RIVER CHASE DR
CITY-ST-ZIP ORLANDO FL 32807

TITLE VP ☐ Change ☒ Addition
NAME MOBLEY, JOHN
STREET ADDRESS 132 RIVER CHASE DR
CITY-ST-ZIP ORLANDO FL 32807

TITLE SD ☒ Delete
NAME BURWICK, NANCY
STREET ADDRESS 376 RIVER CHASE
CITY-ST-ZIP ORLANDO FL 32807

TITLE TD ☐ Change ☒ Addition
NAME SAGORCHI, BASIL
STREET ADDRESS 385 RIVER CHASE DR
CITY-ST-ZIP ORLANDO FL 32807

TITLE TD ☒ Delete
NAME STUMPP, LYNNE
STREET ADDRESS 145 RIVERCHASE DR.
CITY-ST-ZIP ORLANDO FL 32807

TITLE SD ☐ Change ☒ Addition
NAME HOWELL, WILLIAM
STREET ADDRESS 129 RIVER CHASE DR
CITY-ST-ZIP ORLANDO FL 32807

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME MORGAN, MARCUS
STREET ADDRESS 122 RIVER ISLE DR
CITY-ST-ZIP ORLANDO FL 32807

TITLE ☐ Delete
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:

John D Mobley REQUESTED MOBLEY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/00

Date

Daytime Phone #

CR2E037 (9/99)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

00 MAR 20 PM 3:00



DO NOT WRITE IN THIS SPACE