

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N26425

1. Entity Name

LOT 32, BLOCK 281, UNIT 13 HOMEOWNERS' ASSOCIATI

Principal Place of Business

5511 MANTANZAS DR.  
SEBRING FL 33872

Mailing Address

% B. ELMORE  
3107 MENZA DRIVE  
SEBRING FL 33872-7641

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

59-2927840

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

ELMORE, B.  
3107 MENZA DRIVE  
SEBRING FL 33872

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	DD	<input type="checkbox"/> Delete
NAME	PIETSCH, WALTER	
STREET ADDRESS	5507 MATANZAS DRIVE	
CITY-ST-ZIP	SEBRING FL 33782	
TITLE	DD	<input type="checkbox"/> Delete
NAME	GUARASCIO, MARIA	
STREET ADDRESS	61 CAMEO ST.	
CITY-ST-ZIP	TORONTO, CANADA M6N -2K4	
TITLE	STD	<input type="checkbox"/> Delete
NAME	HOPKINS, EARLE JR.	
STREET ADDRESS	5511 MATANZAS DR.	
CITY-ST-ZIP	SEBRING FL 33872	
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		

TITLE	DD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Earle Hopkins	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

*Earle Hopkins*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Mar 06, 2000 8:00 am  
Secretary of State

03-06-2000 90111 037 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)

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