## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # **N27380** Mar 04, 2000 8:00 am 1. Entity Name **Secretary of State** GREENBRIAR VILLAGE HOMEOWNERS ASSOCIATION OF BRE 03-04-2000 90009 037 \*\*\*\*61.25 Principal Place of Business Mailing Address 2180 WEST SR 434. SUITE 5000 2180 WEST SR 434. SUITE 5000 LONGWOOD FL 32779 LONGWOOD FL 32779-5044 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2948094 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) HART, JAMES W JR SENTRY MANAGEMENT, INC. 2180 WEST SR 434. SUITE 5000 City Zip Code FL LONGWOOD FL 32779-5044 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. **Department of State** Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Delete ▼ Addition PD TITLE PD TITLE NAME MILLER, JOHN E III NAME REYNOLDS, DOUGLAS STREET ADDRESS 1788 NICKLAUS DR STREET ADDRESS 1660 PGA BLVD CITY-ST-ZIP CITY-ST-ZIP **MELBOURNE FL 32935** MELBOURNE FL 32935 Delete Change Addition TITLE VD TITLE ۷D NAME **HUMPHRIES, MARY JO** NAME DONELSON, ROGER STREET ADDRESS STREET ADDRESS 1723 PGA BLVD 1717 PGA BLVD CITY-ST-ZIP CITY-ST-ZIP MELBOURNE FL 32935 MELBOURNE FL 32935 ▼ Addition TITLE STD ☐ Delete TITLE VD SULLIVAN, BOB 1691 PGA BLVD ☐ Change NAME GRECO, EILEEN A NAME STREET ADDRESS 1784 NICKLUAS DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MELBOURNE FL 32935 MELBOURNE FL 32935 ☐ Delete TIT) F Change X Addition TITLE **BOVIO, ANTHONY J** NAME EMERSON, MIKE NAME STREET ADDRESS STREET ADDRESS 1721 PINE VALLEY DR 1689 PGA BLVD CITY-ST-ZIP CITY-ST-ZIP MELBOURNE FL 32935 MELBOURNE FL. 32935 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP