

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N29935

1. Entity Name

147 INTERLACHEN PLACE CONDOMINIUM ASSOCIATION, I

Principal Place of Business

2180 WEST SR 434  
SUITE 5000  
LONGWOOD FL 32779-5044  
US

Mailing Address

2180 WEST SR 434  
SUITE 5000  
LONGWOOD FL 32779  
US

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

59-3014365

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 WEST SR 434, SUITE 5000  
LONGWOOD FL 32779-5000

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 PD  
NAME MAHAN, MARYANN  
STREET ADDRESS 147 SOUTH INTERLACHEN AVE. #150  
CITY-ST-ZIP WINTER PARK FL 32789 ☒ Delete

TITLE VTD  
NAME STRAHAN, SCOTT  
STREET ADDRESS 147 INTERLACHEN PL #300  
CITY-ST-ZIP WINTER PARK FL 32789 ☐ Change ☒ Addition

TITLE DVT  
NAME BOYD, BILL  
STREET ADDRESS 147 SOUTH INTERLACHEN AVE. #250  
CITY-ST-ZIP WINTER PARK FL 32789 ☒ Delete

TITLE PD  
NAME SCOTT MAHAN  
STREET ADDRESS 147 S INTERLACHEN AVE #150  
CITY-ST-ZIP WINTER PARK FL 32789 ☐ Change ☒ Addition

TITLE D  
NAME GINSBURG, ALAN H  
STREET ADDRESS 1551 SANDSPUR ROAD  
CITY-ST-ZIP MAITLAND FL 32751 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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:

*Scott Strahan* DIRECTOR 4/4/00 407-277-1300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED

Apr 12, 2000 8:00 am  
Secretary of State

04-12-2000 90174 050 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)