

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N49180

1. Entity Name

MADERA PARK PROPERTY OWNERS ASSOCIATION, INC.

FILED

Jan 26, 2000 8:00 am  
Secretary of State

01-26-2000 90018 047 \*\*\*\*61.25

Principal Place of Business

C/O IRVING W. WHEELER  
139 AVE C SW  
WINTER HAVEN FL 33880  
US

Mailing Address

C/O IRVING W. WHEELER  
139 AVE C SW  
WINTER HAVEN FL 33880-3258  
US

2. Principal Place of Business

3. Mailing Address

P. O. BOX 2796

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
WINTER HAVEN, FL

4. FEI Number

59-3126396

Applied For

Not Applied

Zip

Country

Zip

Country

33883-2796

USA

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

WHEELER, IRVING W.  
139 AVE C SW  
WINTER HAVEN FL 33880

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 DP ☐ Delete  
NAME WHEELER, IRVING W.  
STREET ADDRESS 139 AVENUE C SW  
CITY-ST-ZIP WINTER HAVEN FL 33880

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

TITLE VPD ☐ Delete  
NAME WHEELER, JAMES M  
STREET ADDRESS 179 HUTLEY OAKS BOULEVARD  
CITY-ST-ZIP LAKE PLACID FL 33852

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

TITLE STD ☐ Delete  
NAME WHEELER, DAVID P  
STREET ADDRESS 441 LAKE MIRROR DR  
CITY-ST-ZIP LAKE PLACID FL

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Add  
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

1-11-00

Date

Daytime Phone #

863-294-7461