

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N49245**

1. Entity Name

LAKE ELLA MANOR HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

36301 PINEY RIDGE BLVD
FRUITLAND PARK FL 34731
US

Mailing Address

POST OFFICE BOX 477
FRUITLAND PARK FL 34731-0477
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

59-3182452

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

CYRUS, ROBERT R.
214-A NORTH 3RD STREET
LEESBURG FL 34748

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 **PST** ☐ Delete
NAME **GREEN, GEORGE F.**
STREET ADDRESS **124 CRAIG STREET**
CITY-ST-ZIP **HAZARD KY**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **CYRUS, ROBERT R.**
STREET ADDRESS **214-A NORTH 3RD STREET**
CITY-ST-ZIP **LEESBURG FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **GREEN, JOHN D**
STREET ADDRESS **36929 TAYLOR MILL ROAD**
CITY-ST-ZIP **FRUITLAND FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **GREEN, GEORGE F.**
STREET ADDRESS **124 CRAIG STREET**
CITY-ST-ZIP **HAZARD KY**TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**George F. GREEN**

Date

1/14/00 352-787-0749

Daytime Phone #

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90206 013 ****61.25

902338

DO NOT WRITE IN THIS SPACE