

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N92000000200

1. Entity Name

THE COVERED PORCH CONDOMINIUM ASSOCIATION, INC.

FILED
Sep 12, 2000 8:00 am
Secretary of State

09-12-2000 90009 017 ****61.25

Principal Place of Business

754 N. WESTMORELAND DR.
 ORLANDO FL 32804
 US

Mailing Address

754 N. WESTMORELAND DR.
 ORLANDO FL 32804
 US

2. Principal Place of Business

752 N. Westmoreland Dr.

3. Mailing Address

752 N. Westmoreland Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

32804

Country

US

Zip

32804

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

NIEVES, HIGINIO T.

756 N. WESTMORELAND DRIVE
 ORLANDO FL 32804

7. Name and Address of New Registered Agent

Name

Russ Harper

Street Address (P.O. Box Number is Not Acceptable)

752 N. Westmoreland Dr.

City

Orlando

FL

Zip Code

32804

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

Russ Harper Russ Harper, Treasurer

8/23/00

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
After September 13, 2000 min. will be \$236.25

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	NIEVES, HIGINIO T.	
STREET ADDRESS	756 N. WESTMORELAND DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	CHIMENTO, SHELIA	
STREET ADDRESS	752 N. WESTMORELAND	
CITY-ST-ZIP	ORLANDO FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	DREVERS, BROOKE N.	
STREET ADDRESS	756 N. WESTMORELAND DR.	
CITY-ST-ZIP	ORLANDO FL	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROOK DREVERS	
STREET ADDRESS	756 N. WESTMORELAND DR.	
CITY-ST-ZIP	ORLANDO, FL 32804	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUSS HARPER	
STREET ADDRESS	752 N. WESTMORELAND DR.	
CITY-ST-ZIP	ORLANDO, FL 32804	
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:

Russ Harper RUSSE HARPER

8/23/00

407-886-1722

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)