

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N92000000200

1. Entity Name

THE COVERED PORCH CONDOMINIUM ASSOCIATION, INC.

FILED
Sep 16, 2002 8:00 am
Secretary of State

09-16-2002 90111 021 ****61.25

872080



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 752 NORTH WESTMORELAND DRIVE
 ORLANDO FL 32804
 US

Mailing Address
 752 NORTH WESTMORELAND DRIVE
 ORLANDO FL 32804
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HARPER, RUSS
 752 N WESTMORELAND DRIVE
 ORLANDO FL 32804

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
 NAME PD
 STREET ADDRESS DREVERS, BROOKE N
 CITY-ST-ZIP 756 N WESTMORELAND DR
 ORLANDO FL 32804 ☐ Delete

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

TITLE
 NAME SD
 STREET ADDRESS SUTHERLAND, KRISTY
 CITY-ST-ZIP 750 N WESTMORELAND DR
 ORLANDO FL 32804 ☒ Delete

TITLE
 NAME SD
 STREET ADDRESS SEYBOLD, ZACHARY J.
 CITY-ST-ZIP 750 N. WESTMORELAND DR.
 ORLANDO, FL 32804 ☐ Change ☒ Addition

TITLE
 NAME TD
 STREET ADDRESS HARPER, RUSS
 CITY-ST-ZIP 752 N WESTMORELAND DR
 ORLANDO FL 32804 ☐ 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

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 CITY-ST-ZIP ☐ Delete

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 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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 CITY-ST-ZIP ☐ Delete

TITLE
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 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: PAGNAZUP/REQUIRUS HARPER

9/12/02

407-886-1722

CR2E037 (4/02)