

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000000520

1. Entity Name

BELLA VISTA HOMEOWNERS ASSOCIATION OF LAKE COUNT

Principal Place of Business

Mailing Address

BELLA VISTA
BOX 224
HOWEY-IN-THE-HILLS FL 34737

BOX 224
HOWEY-IN-THE-HILLS FL 34737-0224

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUGHES, RAY H
26604 BELLA VISTA
HOWEY-IN-THE-HILLS FL 34737

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 date 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	D	<input checked="" type="checkbox"/> Delete
NAME	COEN, CONRAD	
STREET ADDRESS	10043 BRIDGEVIEW DRIVE	
CITY-ST-ZIP	HOWEY-IN-THE-HILLS FL 34737	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HUGHES, DR. RAY H.	
STREET ADDRESS	26604 BELLA VISTA BLVD	
CITY-ST-ZIP	HOWEY-IN-THE-HILLS FL 34737	
TITLE	TD	<input type="checkbox"/> Delete
NAME	JONES, KENNETH	
STREET ADDRESS	P.O. BOX 2280 N/A	
CITY-ST-ZIP	SMITHLAND NC 27577	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LEE, DR. GENE	
STREET ADDRESS	SQUSA DRIVE	
CITY-ST-ZIP	SANDS POINT NY 14050	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHO, THOMAS	
STREET ADDRESS	11 WINDMERE WAY	
CITY-ST-ZIP	WOODBURG NY 11797	
TITLE		<input type="checkbox"/> Delete
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	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90137 010 ****61.25

900341



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3175127 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

CR2E037 (9/99)