

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000001244

1. Entity Name

SOUTHCHASE PARCEL 2 COMMUNITY ASSOCIATION, INC.

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90063 028 \*\*\*\*61.25

Principal Place of Business

Mailing Address

12112 BELLSWORTH WAY  
 ORLANDO FL 32837  
 US

C/O LELAND MANAGEMENT INC  
 1633 E VINE ST  
 KISSIMMEE FL 34744-3732  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1633 E. Vine St.

1633 E. Vine St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 110

Suite 110

City & State  
 Kissimmee FL

City & State  
 Kissimmee FL

Zip  
 34744

Country  
 USA

Zip  
 34744

Country  
 USA

4. FEI Number

59-3180915

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

LELAND MANAGEMENT INC  
 1633 E VINE ST  
~~STE 207~~ Suite 110  
 KISSIMMEE FL 34744

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 DT ☒ Delete  
 NAME JACKSON, ROB  
 STREET ADDRESS 12107 BELLSWORTH WAY  
 CITY-ST-ZIP ORLANDO FL

TITLE DP ☐ Change ☐ Addition  
 NAME DANIEL COOK  
 STREET ADDRESS 2323 LAUREL PINE LANE  
 CITY-ST-ZIP ORLANDO, FL 32837

TITLE DS ☐ Delete  
 NAME BAUS, CHRISTINA  
 STREET ADDRESS 2229 LAUREL PINE LAKE  
 CITY-ST-ZIP ORLANDO FL

TITLE VPD ☐ Change ☐ Addition  
 NAME EDWARD SMITH  
 STREET ADDRESS 2221 LAUREL PINE LANE  
 CITY-ST-ZIP ORLANDO, FL 32837

TITLE DV ☒ Delete  
 NAME GERACE, PAMELA  
 STREET ADDRESS 2319 LAUREL LANE  
 CITY-ST-ZIP ORLANDO FL

TITLE ED ☐ Change ☐ Addition  
 NAME ELSIE MALDONADO  
 STREET ADDRESS 2241 LAUREL PINE LANE  
 CITY-ST-ZIP ORLANDO, FL 32837

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE D ☐ Change ☐ Addition  
 NAME CHARLES RAMBOLD  
 STREET ADDRESS 2220 LAUREL PINE LANE  
 CITY-ST-ZIP ORLANDO, FL 32837

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ 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:

Daniel Cook

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 26, 2000

Date

Daytime Phone #

407-856-4771

CR2E037 (9/99)