

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000005818

1. Entity Name

LANSING RIDGE II HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Apr 05, 2000 8:00 am**  
**Secretary of State**

04-05-2000 90070 010 \*\*\*\*61.25

Principal Place of Business

Mailing Address

P.O. BOX 362311  
MELBOURNE FL 32936-2311  
US

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MELBOURNE FL 32936-2311  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3155046

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

LECIK, DENNIS  
2409 WOLF CREEK DRIVE  
MELBOURNE FL 32935

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 PD ☐ Delete  
NAME LECIK, DENNIS  
STREET ADDRESS 2409 WOLF CREEK DR.  
CITY-ST-ZIP MELBOURNE FL 32935

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

TITLE VD ☒ Delete  
NAME PERKINS, RONALD  
STREET ADDRESS 1940 BLUE RIDGE AVE.  
CITY-ST-ZIP MELBOURNE FL 32935

TITLE ☒ Change ☐ Addition  
NAME AUTO, JOHN  
STREET ADDRESS 2052 Lansing ST  
CITY-ST-ZIP Melbourne, FL 32935

TITLE TD ☒ Delete  
NAME WINTERHEIMER, KAREN  
STREET ADDRESS 1934 BLUE RIDGE AVE.  
CITY-ST-ZIP MELBOURNE FL 32935

TITLE ☒ Change ☐ Addition  
NAME AUTO, John  
STREET ADDRESS 2052 Lansing ST.  
CITY-ST-ZIP Melbourne FL 32935

TITLE S ☒ Delete  
NAME AUTO, JANET  
STREET ADDRESS 2052 LANSING ST.  
CITY-ST-ZIP MELBOURNE FL 32935

TITLE ☒ Change ☐ Addition  
NAME SD Patricia Klein  
STREET ADDRESS 3611 MOTT Creek CT  
CITY-ST-ZIP Melbourne, FL 32935

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: PATRICIA T. KLEIN - (407)  
SECRETARY/DIRECTOR 3/22/2000 259-0338  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)