

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 20, 2000 8:00 am**  
**Secretary of State**

05-20-2000 90001 037 \*\*\*\*61.25

**DOCUMENT # N94000003303**

1. Entity Name

**XENTURY CITY PROPERTY OWNERS' ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

7575 DR. PHILLIPS BLVD.  
 ORLANDO FL 32819  
 US

215 NORTH EOLA DRIVE  
 ORLANDO FL 32801-2028

2. Principal Place of Business

3. Mailing Address

**7575 DR PHILLIPS BLVD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**SUITE 260**

City & State

City & State

**ORLANDO FL**

4. FEI Number

**59-3573318**

Applied For

Not Applicable

Zip

Country

Zip

Country

**32819**

**ORANGE**

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

**POPE, NICHOLAS A**  
**215 NORTH EOLA DR.**  
**ORLANDO FL 32801**

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:**  
**FEES 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 NAME STREET ADDRESS CITY-ST-ZIP	DP THOMAS, J.W. 2637 TOWNSGATE RD., SUITE 300 WESTLAKE VILLAGE CA 91361	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV TOUMAZOS, DIMITRI N 7575 DR. PHILLIPS BLVD. ORLANDO FL 32819	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST POPE, NICHOLAS A 215 NORTH EOLA DR. ORLANDO FL 32801	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

**SIGNATURE REQUIRED**  
**DIMITRI N TOUMAZOS**

**4/26/00**

**407-363-7883**

CR2E037 (9/99)