

2000 UNIFORM BUSINESS REPORT (UBR)

194000005979

DOCUMENT # 194000005979
1. Entity Name Admendent -Change of Directors
to the 2000 report
The Woods at KingsCrest Homeowners Association

Principal Place of Business 3485 W. Vine St
Kissimmee, Fl 34741
Mailing Address 3485 W. Vine St.
Kissimmee, Fl 34741

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number 59-3282861
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
Arena Management Group, Inc.
3485 W. Vine St.
Kissimmee, Fl 34741

7. Name and Address of New Registered Agent
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 Tara D. Arena Tara Arena **DATE** 7-21-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE Pd	NAME Baker, Ken	☒ Delete
STREET ADDRESS	1541 Grandview Blvd	
CITY-ST-ZIP	Kissimmee, Fl 34744	
TITLE VPD	NAME Schoolfield, Cheryl	☒ Delete
STREET ADDRESS	1673 Regal Oak Drive	
CITY-ST-ZIP	Kissimmee, Fl 34744	
TITLE STD	NAME Barnet, Cheryl	☒ Delete
STREET ADDRESS	1673 Regal Oak Drive	
CITY-ST-ZIP	Kissimmee, Fl 34744	
TITLE	NAME	☐ Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	☐ Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD	NAME Reindl, Mark	☐ Change ☒ Addition
STREET ADDRESS	2254 Jessica Lane	
CITY-ST-ZIP	Kissimmee, Fl 34744	
TITLE VPD	NAME Dean, Brent	☐ Change ☒ Addition
STREET ADDRESS	2278 Jessica Lane	
CITY-ST-ZIP	Kissimmee, Fl 34744	
TITLE STD	NAME Lizzo, Salvatore	☐ Change ☒ Addition
STREET ADDRESS	2270 Jessica Lane	
CITY-ST-ZIP	Kissimmee, Fl 34744	
TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] **DATE** 7-15-00 **DAYTIME PHONE #** 407-846-6552
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
00 JUL 31 AM 8:25
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)

KE