

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002536

1. Entity Name

WEDGEFIELD ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 1032  
CHRISTMAS FL 32709

P.O. BOX 1032  
CHRISTMAS FL 32709-1032

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3318419

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

SOPKO, STEPHEN  
3636 BANCROFT BLVD  
ORLANDO FL 32833

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 V ☒ Delete  
NAME MORRIS, JEFF  
STREET ADDRESS 4135 BENEDICT ST  
CITY-ST-ZIP ORLANDO FL 32837

T ☒ Change ☐ Addition  
NAME MORRIS, JEFF  
STREET ADDRESS 4135 BENEDICT ST  
CITY-ST-ZIP ORLANDO, FL 32837

TITLE D ☐ Delete  
NAME BENNETT, SANDY  
STREET ADDRESS 4510 CALVERT AVE  
CITY-ST-ZIP ORLANDO FL 32833

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

TITLE S ☒ Delete  
NAME O'NEAL, BRIGETTE  
STREET ADDRESS 20841 PEABODY STREET  
CITY-ST-ZIP ORLANDO FL

S ☐ Change ☒ Addition  
NAME LINDA BUZBEE  
STREET ADDRESS 19321 MEREDITH PKWY  
CITY-ST-ZIP ORLANDO FL 32833

TITLE D ☐ Delete  
NAME CEARFOSS, ED  
STREET ADDRESS 20150 QUARTERLY PKWY  
CITY-ST-ZIP ORLANDO FL 32833

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

TITLE D ☒ Delete  
NAME ZIMMERMAN, CLIFF  
STREET ADDRESS 20402 PEABODY ST  
CITY-ST-ZIP ORLANDO FL

P ☐ Change ☒ Addition  
NAME DAN TEEL  
STREET ADDRESS 20810 ORTEGA  
CITY-ST-ZIP ORLANDO, FL, 32833

TITLE T ☒ Delete  
NAME SOPKO, STEVE  
STREET ADDRESS 3636 BANCROFT BLVD  
CITY-ST-ZIP ORLANDO FL

V ☒ Change ☐ Addition  
NAME SOPKO, STEVE  
STREET ADDRESS 3636 BANCROFT BL  
CITY-ST-ZIP ORLANDO FL 32833

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

3/8/00

407-568-3162

Date

Daytime Phone #

CR2E037 (9/99)