

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002536

1. Entity Name

WEDGEFIELD ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

P.O. BOX 1032  
CHRISTMAS FL 32709

Mailing Address

P.O. BOX 1032  
CHRISTMAS FL 32709

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

SOPKO, STEPHEN  
3636 BANCROFT BLVD  
ORLANDO FL 32833

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

T  
MORRIS, JEFF  
4135 BENEDICT ST  
ORLANDO FL 32837

☐ Change ☐ Addition

D  
BENNETT, SANDY  
4510 CALVERT AVE  
ORLANDO FL 32833

☐ Change ☐ Addition

S  
BUZBEE, LINDA  
19321 MEREDITH PKWY  
ORLANDO FL 32833

☐ Change ☐ Addition

D  
CEARFOSS, ED  
20150 QUARTERLY PKWY  
ORLANDO FL 32833

☐ Change ☐ Addition

D  
TEEL, DAN  
20810 ORTEGA  
ORLANDO FL 32833

☐ Change ☐ Addition

V  
SOPKO, STEVE  
3636 BANCROFT BL  
ORLANDO FL 32833

☐ Change ☐ 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:

JEFF MORRIS (Treasurer)

3/1/01

407 568 1169

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)