

2000 UNIFORM BUSINESS REPORT (UBR)

5

DOCUMENT # N95000005926

1. Entity Name

THE GLADES ON SYLVAN LAKE HOMEOWNERS ASSOCIATION

Principal Place of Business

Mailing Address

1416 CONCORD ST EAST
ORLANDO FL 3203

1416 CONCORD ST EAST
ORLANDO FL 32803-5410

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

PO Box 531010

Orlando, FL

32853-1010

US

4. FEI Number

59-3363707

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

32803

THE MELROSE MGMT GROUP

1416 CONCORD ST
ORLANDO FL 328-03YY

The Melrose Corporation

1416 Concord St. E.

Orlando

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D LEPERA, GREGORY L
385 DOUGLAS AVE STE 2000
ALTAMONTE SPRINGS FL 32714

☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D KANE, MIKE
385 DOUGLAS AVE STE 2000
ALTAMONTE SPRINGS FL 32714

☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D KAISER, DAN
385 DOUGLAS AVE STE 2000
ALTAMONTE SPRINGS FL 32714

☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP

Phil Miles
385 Douglas Ave # 2000
Altamonte Springs FL 32714

☒ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

James Makransky
Same as above

☒ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

Kirsten Stapleton
Same as above

☒ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ 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:

SIGNATURE OF REGISTERED AGENT

4/23/00

(407) 661-2174

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 19/99