

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000006060

1. Entity Name

BAY CLUB POINTE II HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

7237 BAY CLUB WAY
ORLANDO FL 32835

Mailing Address

7237 BAY CLUB WAY
ORLANDO FL 32835

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

59-3350760

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

REEDER, JACK E
7237 BAY CLUB WAY
ORLANDO FL 32835

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

Jack E Reeder

(NOTE: Registered Agent signature required when reinstating)

DATE

5/12/01

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 PD ☐ Delete
NAME REEDER, MARILYN
STREET ADDRESS 7237 BAY CLUB WAY
CITY-ST-ZIP ORLANDO FL 32835

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

TITLE VPD ☐ Delete
NAME WHITNEY, LEIGH
STREET ADDRESS 7229 BAY CLUB WAY
CITY-ST-ZIP ORLANDO FL 32835

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

TITLE TD ☐ Delete
NAME STURGESS, TONY
STREET ADDRESS 7217 BAY CLUB WAY
CITY-ST-ZIP ORLANDO FL 32835

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

Manalyns Reeder

5/12/01

407-317-3200 X 2739



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

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