

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000002251

1. Entity Name

REMINGTON TRACT 1-F HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

2699 REMINGTON BOULEVARD  
KISSIMMEE FL 34744

Mailing Address

2699 REMINGTON BOULEVARD  
KISSIMMEE FL 34744

2. Principal Place of Business

1420 E Robinson St  
Suite, Apt. #, etc.

3. Mailing Address

1420 E Robinson St  
Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Orlando FL

4. FEI Number

59-3454702

Applied For

Not Applicable

Zip

32801

Country

ORANGE

Zip

32801

Country

ORANGE

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WEBB, JOHN L  
2699 REMINGTON BLVD  
KISSIMMEE FL 34744

7. Name and Address of New Registered Agent

Name

John L Webb

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

1420 E. Robinson St

City

Orlando

FL

Zip Code

32801

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

*John L Webb*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/01

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

TITLE PD  
NAME LUCAS, LARRY W  
STREET ADDRESS 8001 WINPINE CT.  
CITY-ST-ZIP ORLANDO FL 32819 ☐ Delete

TITLE VPD  
NAME TRAMELL, JOE B  
STREET ADDRESS 720 N. RIO GRANDE  
CITY-ST-ZIP ORLANDO FL 32804 ☐ Delete

TITLE D  
NAME WEBB, JOHN L  
STREET ADDRESS 1312 COUNTRY LANE  
CITY-ST-ZIP ORLANDO FL 32804 ☐ 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 ☐ Change ☐ Addition

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

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

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STREET ADDRESS  
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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:

*John L Webb*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01

Date

Daytime Phone #

FILED  
May 03, 2001 8:00 am  
Secretary of State

05-03-2001 90950 013 \*\*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)