2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9600004201

1. Entity Name

GATEWAY COMMONS PROPERTY OWNERS' ASSOCIATION, IN C.

Principal Place of Business

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

TITLE

NAME

Mailing Address

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

FILED Aug 18, 2002 8:00 am Secretary of State

08-18-2002 90130 038 ****61.25

7925 SOUTH PARK LACE 7925 SOUTH PARK LACE ORLANDO FL 32819 ORLANDO FL 32819			:		• • • • • • •							
2. Principal	Place of Busin	ness	3. Mailing Address									
Suite, Apt. #, etc. Suite, Apt. #, etc.								DO NOT WRITE IN THIS SPACE				
City & State City				City & State			4. FEI Number NOT APPLICABLE Applied For Not Applicable					
Zip Country Zip				p .	_ Country			Not Applicable Not Applicable Sertificate of Status Desired				
	6. Name	and Address of Current	Register	ad Agent	<u> </u>			7 Name and Add	B		;u	
	3	and Address of Cuttern	negisteri	ed Agent		Nome		7. Name and Addr	ess of New Registere	a Agent		
	WENDELL I JTH PARK F				;	Name Street Addre	ess (l	P.O. Box Number is N	lot Acceptable)	,		
) FL 32819					City			F	- 1		
the obliga	e named entity tions of regist	y submits this statement for ered agent.	or the purp	ose of changing its	registere	d office or reg	jistere	ed agent, or both, in t	he State of Florida. I ar	m familiar with,	and accept	
SIGNATURE		or printed name of registered agent	and title if app	olicable. (NOTE	E: Registered	Agent signature re-	quired	when reinstating)	DATE	 		
After September 13, 2002, 9. Election Campaig Trust Fund Contril						\$5.00 May Be Added to Fees		ck Payable ent of State				
10.		OFFICERS AND DI	RECTORS		11.		A	DDITIONS/CHANGE	S TO OFFICERS AND D	DIRECTORS IN	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SPEARS, 1 7925 SOU ORLANDO	TH PARK PLACE		☐ Delete	TITLE NAME STREE CITY-	T ADDRESS ST-ZIP	•			Change	☐ Addition	
TITLE NAME *STREET ADDRESS* CITY-ST-ZIP	VD SPEARS, I 581 SYLVA	MICHAEL D	±	☐ Delete	TITLE NAME STREE	r address	-		<u>-</u> -	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Spears, F	RAMONA A TH PARK PLACE		☐ Delete	TITLE NAME STREE	I ADDRESS ST- ZIP				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete	TITLE NAME STREET CITY-S	ADDRESS				☐ Change	Addition	
TITLE NAME STREET ADDRESS				☐ Delete	TITLE	ADDRESS	-		, -,	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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ Delete

8-14-02

2

407-876-1420

Change

Addition