## **2000 UNIFORM BUSINESS REPORT (UBR)**

Mailing Address

## DOCUMENT # N9600005274

1. Entity Name

Principal Place of Business

## TIMBERLEAF VILLAGE LOT 2 - PHASE 1 HOMEOWNERS AS

3348 EDGEWATER DRIVE 3348 EDGEWATER DRIVE ORLANDO FL 32804 ORLANDO FL 32804-3742 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-3574624 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7.-Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) POHL, FRANK L 280 WEST CANTON AVENUE **SUITE 410** WINTER PARK FL 32789 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 DATE 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to FILE NOW: Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Delete TITI F ☐ Change ☐ Addition TITLE NAME DEMETREE, MARY L NAME **CR2E037** STREET ADDRESS STREET ADDRESS 3348 EDGEWATER DRIVE CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32804 ☐ Change ☐ Addition ☐ Delete TITLE TITLE SCHULER, CARL LAWRENCE NAME NAME STREET ADDRESS STREET ADDRESS 3348 EDGEWATER DRIVE CITY-ST-ZIP" CITY-ST-ZIP ORLANDO FL 32804 ☐ Delete **X** Change ☐ Addition TITLE TITLE John NAME NAME BORDEN, JOHN EdgeWATER STREET ADDRESS STREET ADDRESS 3348 EDGEWATER DRIVE CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32804 Delete ☐ Change Addition TITLE TITLE ANGERSTIEN, JEANNE NAME NAME STREET ADDRESS STREET ADDRESS 3348 EDGEWATER DRIVE CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32804 ☐ Delete TITLE Addition TITLE Chis NE JAME EVANS NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE: \_

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

OPIANOS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

32 80Y

☐ Delete

407- 422-819 | Davime Phone #

☐ Change

☐ Addition

FILED

May 01, 2000 8:00 am Secretary of State

05-01-2000 90478 026 \*\*\*\*61.25