

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000006328

1. Entity Name

SEMORAN BOULEVARD PROPERTY OWNERS ASSOCIATION, I
NC.

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90164 022 *****61.25

Principal Place of Business

Mailing Address

10 W CENTRAL PKWY
STE 7000
ALTAMONTE SPRINGS FL 32714

310 W CENTRAL PKWY
STE 7000
ALTAMONTE SPRINGS FL 32714

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MIKKELSON, W. MICHAEL
310 W CENTRAL PARKWAY
STE 7000
ALTAMONTE SPRINGS FL 32714

Name

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

City

FL

Zip Code

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**

OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

LE
ME
REET ADDRESS
Y-ST-ZIP
LE
ME
REET ADDRESS
Y-ST-ZIP
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REET ADDRESS
Y-ST-ZIP

DP
MIKKELSON, WM MICHAEL
310 W CENTRAL PARKWAY STE 7000
ALTAMONTE SPRINGS FL 32714 ☐ Delete
DVP
PELSKI, BRIAN
310 W CENTRAL PARKWAY STE 7000
ALTAMONTE SPRINGS FL 32714 ☐ Delete
DST
HARLEY, ROBERT
310 W CENTRAL PARKWAY STE 7000
ALTAMONTE SPRINGS FL 32714 ☐ Delete
☐ Delete
☐ Delete
☐ Delete

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

W. Michael Mikkelsen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-2 407-774-8818
Date Daytime Phone #

CR2E037 (9/01)