

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 29, 2001 8:00 am
Secretary of State

08-29-2001 90002 008 ****61.25

DOCUMENT # N97000000418

1. Entity Name

CITY CENTRE OWNER'S ASSOCIATION, INC.

Principal Place of Business

**600 LAKE MILLS RD
CHULUOTA FL 32766**

Mailing Address

**600 LAKE MILLS RD
CHULUOTA FL 32766**

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

59-3316347

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

**AXEL, DAVID E
600 LAKE MILLS RD
CHULUOTA FL 32766**

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

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
After September 12, 2001, min. will be \$236.25**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	D	AXEL, DAVID	600 LAKE MILLS RD CHULUOTA FL 32766	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	TULP, LOUIS P	P.O. BOX 621024 OVIEDO FL 32765	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	WAGNER, ROBERT A	2400 PANDORA LANE CHULUOTA FL 32766	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	ENGLAND, THOMAS R	1711 LAKE MILLS ROAD CHULUOTA FL 32766	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE REQUIRED

8/21/01 407 366 6510

CR2E037 (5/01)