

2002 UNIFORM BUSINESS REPORT (UBR)

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

AXEL, DAVID E
600 LAKE MILLS RD
CHULUOTA FL 32766

7. Name and Address of New Registered Agent

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

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 D ☐ Delete
NAME AXEL, DAVID
STREET ADDRESS 600 LAKE MILLS RD
CITY-ST-ZIP CHULUOTA FL 32766

TITLE D ☐ Delete
NAME TULP, LOUIS P
STREET ADDRESS P.O. BOX 621024
CITY-ST-ZIP OVIEDO FL 32765

TITLE D ☐ Delete
NAME WAGNER, ROBERT A
STREET ADDRESS 2400 PANDORA LANE
CITY-ST-ZIP CHULUOTA FL 32766

TITLE D ☐ Delete
NAME ENGLAND, THOMAS R
STREET ADDRESS 1711 LAKE MILLS ROAD
CITY-ST-ZIP CHULUOTA FL 32766

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID E AXEL 2/11/2002

Date

Daytime Phone #

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90058 030 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)