

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004944

1. Entity Name

THE RESERVE AT OCOEE HOMEOWNERS ASSOCIATION, INC

Principal Place of Business

860 STATE RD 434
SUITE 7
ALTAMONTE SPRINGS FL 32714

Mailing Address

860 STATE RD 434
SUITE 7
ALTAMONTE SPRINGS FL 32714

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

59-3460176

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

GOLD, H. SCOTT
860 STATE RD 434 N
SUITE 7
ALTAMONTE SPRINGS FL 32714

Name

Nancy A. Rossman

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

6355 Metrowest Blvd Ste 330

City

Orlando

FL

Zip Code

32835

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VD
NAME GOODMAN, LAUREN B
STREET ADDRESS 860 SR 434 N SUITE 7
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714 ☐ Delete

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

TITLE DS
NAME ROSSMAN, NANCY A
STREET ADDRESS 6355 METROWEST BLVD SUITE 330
CITY-ST-ZIP ORLANDO FL 32835 ☐ Delete

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

TITLE DP
NAME FEINSTEIN, JEROME D
STREET ADDRESS 860 STATE RD 434 NORTH, SUITE 7
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714 ☐ Delete

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

TITLE V
NAME GOLD, H. SCOTT
STREET ADDRESS 860 STATE RD 434 NORTH, SUITE 7
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714 ☒ Delete

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

TITLE VT
NAME GOLD, SCOTT H
STREET ADDRESS 860 SR 434 N SUITE 7
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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.

SIGNATURE:

SIGNATURE REQUIRED

4/12/01

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CR2E037 (10/00)



DO NOT WRITE IN THIS SPACE