

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005338

1. Entity Name

EBAN'S PRESERVE HOMEOWNERS ASSOCIATION, INC.

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90043 032 ****61.25

Principal Place of Business

Mailing Address

4005 MARONDA WAY
SANFORD FL 32771

~~4005 MARONDA WAY~~
~~SANFORD FL 32771-6502~~

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

% Mid-Florida Prop. Mgmt.

5025 South U.S. Hwy. 17-92

Casselberry, FL

32707



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3471502

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

~~KATANICH, SAMUEL L~~
~~4005 MARONDA WAY~~
~~SANFORD FL 32771~~

Name: William C. Spare
Street Address (P.O. Box Number is Not Acceptable)
% Mid-Florida Prop. Mgmt.
5025 South U.S. Hwy. 17-92
City: Casselberry FL Zip Code: 32707

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

William C. Spare
Signature, typed or printed name of registered agent and title if applicable

William C. Spare

Community Association Manager

2/23/00

(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 PD
NAME HOWARD, SCOTT C
STREET ADDRESS 4005 MARONDA WAY
CITY-ST-ZIP SANFORD FL 32771 ☐ Delete

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

TITLE VD
NAME MOORE, JEFFREY W
STREET ADDRESS 4005 MARONDA WAY
CITY-ST-ZIP SANFORD FL 32771 ☐ Delete

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

TITLE SD
NAME KATANICH, SAMUEL L
STREET ADDRESS 4005 MARONDA WAY
CITY-ST-ZIP SANFORD FL 32771 ☒ Delete

TITLE STD
NAME Logsdon, Jeff J.
STREET ADDRESS 4005 Maronda Way
CITY-ST-ZIP Sanford, FL 32771 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE D
NAME Greenawalt, Tom
STREET ADDRESS 4005 Maronda Way
CITY-ST-ZIP Sanford, FL 32771 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 a simplified filing under 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 sign-off is in compliance with 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 Section 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Signature: Scott C. Howard
Date: 3.2.00
Daytime Phone #: 407.475.9112

CR2E037 (9/99)