

# 2000 UNIFORM BUSINESS REPORT (UBR)

5/12

**FILED**  
**Jun 09, 2000 8:00 am**  
**Secretary of State**

05-12-2000 90057 003 \*\*\*\*61.25

**DOCUMENT # N97000006490**

1. Entity Name

**THE PALMS NEIGHBORHOOD ASSOCIATION OF THE PALMS**

Principal Place of Business

Mailing Address

1416 CONCORD ST E  
 ORLANDO FL 32803  
 US

P O BOX 531010  
 ORLANDO FL 32853-1010  
 US

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

59-3553683

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~THE MELROSE MGMT., GRP~~  
 1416 CONCORD ST EAST  
 ORLANDO FL 32803

~~The Melrose Corporation~~

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

1416 Concord Street East  
 Orlando FL 32803

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

Jack B. Hanson 4-26-00

**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. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☒ Delete  
 NAME KNIGHT, PATRICK  
 STREET ADDRESS 385 DOUGLAS AVE., STE 2000  
 CITY-ST-ZIP ALTAMONTE SPGS FL 32714

TITLE ☒ Change ☐ Addition  
 NAME Kaiser, Dan  
 STREET ADDRESS 385 Douglas Ave, Ste 2000  
 CITY-ST-ZIP Altamonte Springs, FL 32714

TITLE D ☒ Delete  
 NAME SMITH, RALPH  
 STREET ADDRESS 385 DOUGLAS AVE., STE 2000  
 CITY-ST-ZIP ALTAMONTE SPGS FL 32714

TITLE ☒ Change ☐ Addition  
 NAME Makransky, James  
 STREET ADDRESS Same As Above  
 CITY-ST-ZIP

TITLE D ☒ Delete  
 NAME MATTHAI, KAROLINE  
 STREET ADDRESS 385 DOUGLAS AVE., STE 2000  
 CITY-ST-ZIP ALTAMONTE SPGS FL 32714

TITLE ☒ Change ☐ Addition  
 NAME STD Stapleton, Kirstin  
 STREET ADDRESS Same as Above  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00

(407) 661-2174