

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001666

1. Entity Name

PALM AVENUE NEIGHBORHOOD ASSOCIATION, INC.

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90974 036 \*\*\*61.25

Principal Place of Business

Mailing Address

1621 PALM AVENUE  
WINTER PARK FL 32789

1621 PALM AVENUE  
WINTER PARK FL 32789-1648

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3499933

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HALL, MARK  
UNIVERSITY OF CENTRAL FLORIDA  
STUDENT UNION - BUILDING 52 - ROOM 312  
ORLANDO FL

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME HALL, MARK  
STREET ADDRESS 1621 PALM AVENUE  
CITY-ST-ZIP WINTER PARK FL 32789

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

TITLE TD ☐ Delete  
NAME HUTHMACHER, MYRN  
STREET ADDRESS 1721 PALM AVENUE  
CITY-ST-ZIP WINTER PARK FL 32789

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

TITLE SD ☐ Delete  
NAME VABVALKENBURGH, GINGER  
STREET ADDRESS 1550 PALM AVE.  
CITY-ST-ZIP WINTER PARK FL 32789

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

TITLE D ☒ Delete  
NAME ROGERS, JOHN  
STREET ADDRESS 1800 SUNSET AVENUE  
CITY-ST-ZIP WINTER PARK FL 32989

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

TITLE D ☐ Delete  
NAME SHEPARD, KAREN  
STREET ADDRESS 1610 PALM AVENUE  
CITY-ST-ZIP WINTER PARK FL 32789

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

TITLE D ☐ Delete  
NAME PAYTON, ED  
STREET ADDRESS 1601 PALM AVENUE  
CITY-ST-ZIP WINTER PARK FL 32789

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

Date

Daytime Phone #

CR2E037 (9/99)