

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000002023

1. Entity Name

FIELDSTREAM NORTH HOMEOWNERS ASSOCIATION, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90013 026 ****61.25

Principal Place of Business

Mailing Address

1017 E. SOUTH ST.
ORLANDO FL 32801

1017 E. SOUTH ST.
ORLANDO FL 32801-3011



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

444 W. New England Ave.

3. Mailing Address

444 W. New England Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite B

Suite B

City & State

City & State

Winter Park, FL

Winter Park, FL

Zip

Zip

32789

32789

Country

Country

4. FEI Number

59-3508548

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

Name

Marc Davis

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

444 W. New England Ave, Suite B

City

Winter Park

FL

Zip Code

32789

HILL, CAREY L
1017 E. SOUTH ST.
ORLANDO FL 32801

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	DP	<input checked="" type="checkbox"/> Delete
NAME	CASEY, DENNIS J	
STREET ADDRESS	1017 E. SOUTH ST.	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	HILL, CAREY L	
STREET ADDRESS	1017 E. SOUTH ST.	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	DST	<input checked="" type="checkbox"/> Delete
NAME	RUSSELL, SUZAN	
STREET ADDRESS	1017 E. SOUTH ST.	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	George H. Kuhn	
STREET ADDRESS	346 Fieldstream North Blvd	
CITY-ST-ZIP	Orlando, FL 32825	
TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rob Bishop	
STREET ADDRESS	10947 Brown Trout Circle	
CITY-ST-ZIP	Orlando, FL 32825	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Deborah M. Harrilchak	
STREET ADDRESS	304 Fieldstream North Blvd.	
CITY-ST-ZIP	Orlando, FL 32825	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

George H. Kuhn

George Kuhn

Date

Daytime Phone #

CR2E037 (9/99)