

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000002023

1. Entity Name

FIELDSTREAM NORTH HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

444 W NEW ENGLAND AVE
STE B
WINTER PARK FL 32789

444 W NEW ENGLAND AVE
STE B
WINTER PARK FL 32789

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

59-3508548

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAVIS, MARC
444 W NEW ENGLAND AVE
STE B
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

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]

MARC P. DAVIS

3/1/02

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	KUHNEN, GEORGE H	
STREET ADDRESS	346 FIELDSTREAM NORTH BLVD	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	BISHOP, ROB	
STREET ADDRESS	0714 GOLDFISH CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	HARRILCHAK, DEBORAH M	
STREET ADDRESS	304 FIELDSTREAM NORTH BLVD	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SLUTSKY, HOWARD	
STREET ADDRESS	10972 BROWNTROUT CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32826	
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	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Fernando Rucabado	
STREET ADDRESS	332 Freshwater Court	
CITY-ST-ZIP	Orlando, FL 32835	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Meryl Biszick	
STREET ADDRESS	327 Freshwater Court	
CITY-ST-ZIP	Orlando, FL 32835	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID YOUNG	
STREET ADDRESS	10630 Creel Court	
CITY-ST-ZIP	Orlando, FL 32825	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OLIVIE BARTH	
STREET ADDRESS	118 Fieldstream North Blvd.	
CITY-ST-ZIP	Orlando, FL 32825	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hector Torres	
STREET ADDRESS	10881 Brown Trout Ct.	
CITY-ST-ZIP	Orlando, FL 32825	
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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/02

Date

407 647 2632

Daytime Phone #

CR20037 (9/01)

FILED
Apr 10, 2002 8:00 am
Secretary of State

03-19-2002 90005 004 ****61.25



DO NOT WRITE IN THIS SPACE