

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90046 009 \*\*\*\*61.25

**DOCUMENT # N98000004633**

1. Entity Name

**JOHN YOUNG CROSSINGS HOMEOWNERS ASSOCIATION, INC**

Principal Place of Business

Mailing Address

**3300 S. HIAWASSEE ROAD #107  
 ORLANDO FL 32835-6331**

**3300 S. HIAWASSEE ROAD #107  
 ORLANDO FL 32835-6350**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**800 N. Highland Ave  
 Suite, Apt. #, etc.  
 200**

**800 N. Highland Ave  
 Suite, Apt. #, etc.  
 200**

**Orlando, FL**

**Orlando, FL**

4. FEI Number **59-3532758**

Applied For  
 Not Applicable

**32803 USA**

**32803 USA**

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

**WILLIAMS, WARREN E  
 28-42 WEST CENTRAL BOULEVARD  
 SUITE 400  
 ORLANDO FL 32801**

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 \_\_\_\_\_ (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	<input type="checkbox"/> Delete
NAME	<b>CARLTON, MICHELLE</b>	
STREET ADDRESS	<del>3300 S. HIAWASSEE ROAD #205</del>	
CITY-ST-ZIP	<del>ORLANDO FL 32835-6331</del>	
TITLE	VD	<input type="checkbox"/> Delete
NAME	<b>CARLSON, BRENDA</b>	
STREET ADDRESS	<del>3300 S. HIAWASSEE ROAD #107</del>	
CITY-ST-ZIP	<del>ORLANDO FL 32835-6331</del>	
TITLE	STD	<input type="checkbox"/> Delete
NAME	<b>WOOD, GREG</b>	
STREET ADDRESS	<del>3300 S. HIAWASSEE ROAD #107</del>	
CITY-ST-ZIP	<del>ORLANDO FL 32835-6331</del>	
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		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>800 N. HIGHLAND AVE STE 100</b>	
CITY-ST-ZIP	<b>ORL, FL 32803</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>800 N. HIGHLAND AVE STE 200</b>	
CITY-ST-ZIP	<b>ORLANDO, FL 32803</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>800 N. HIGHLAND AVE STE 200</b>	
CITY-ST-ZIP	<b>ORLANDO, FL 32803</b>	
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: *Brenda Carlson*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2/29/00** Daytime Phone # **(407) 297-1600**

CR2E037 (9/99)