

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004755

1. Entity Name

CESARA ESTATES PROPERTY OWNERS' ASSOCIATION, INC

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90132 009 ****61.25

Principal Place of Business

Mailing Address

200 LAKE MORTON DR.
LAKELAND FL 33801

100 S KENTUCKY AVE.
STE. 250
LAKELAND FL 33801-5082

2. Principal Place of Business

307 Cesara Estates Drive

Suite, Apt. #, etc.

3. Mailing Address

307 Cesara Estates Drive

Suite, Apt. #, etc.

City & State

Mulberry, FL

City & State

Mulberry, FL

4. FEI Number 59-3553593

APPLIED FOR

Applied For

Not Applicable

Zip
33860

Country
USA

Zip
33860

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARTIN, E. SNOW JR.
200 LAKE MORTON DR.
LAKELAND FL 33801

7. Name and Address of New Registered Agent

Name

Stephen Patrinostro

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

225 E. Edgewood Dr., No. 14

Lakeland, FL 33803

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

Stephen Patrinostro

2/23/2000

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 NAME STREET ADDRESS CITY-ST-ZIP	PD MIMS, PAULA MCKAY 100 S. KENTUCKY AVE., MCKAY BLDG., STE. 250 LAKELAND FL 33801	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MCKAY, SARAH D 100 S. KENTUCKY AVE., MCKAY BLDG., STE. 250 LAKELAND FL 33801	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GRIFFITH, ANN 100 S. KENTUCKY AVE., MCKAY BLDG., STE. 250 LAKELAND FL 33801	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Jeff Justice 307 Cesara Estates Drive Mulberry, FL 33860	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Wayne Allen 311 Cesara Estates Drive Mulberry, FL 33860	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Susan Allen 311 Cesara Estates Drive Mulberry, FL 33860	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Deborah Meagher 310 Cesara Estates Drive Mulberry, FL 33860	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Wayne Allen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/2000

Date

Daytime Phone #

CR2E037 (9/99)