

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005756

1. Entity Name

SUNDANCE VILLAGE I, PHASE TWO HOMEOWNERS ASSOCIA

Principal Place of Business

120 ALLAMANDA DR.  
4110 SOUTH FLORIDA AVENUE  
LAKELAND FL

Mailing Address

120 ALLAMANDA DR.  
4110 SOUTH FLORIDA AVENUE  
LAKELAND FL 33813-1674 33803-2926

FILED  
Feb 23, 2000 8:00 am  
Secretary of State

02-23-2000 90019 019 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

APPLIED FOR

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

STEPHENS, D K

4110 SOUTH FLORIDA AVENUE 120 ALLAMANDA DR.  
LAKELAND FL 33813-1674 33803-2926

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	P	<input checked="" type="checkbox"/> Delete
NAME	CLEARY, CHRIS	
STREET ADDRESS	6700 S. FLORIDA AVE.	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	TODD, M A 120 ALLAMANDA DR.	
STREET ADDRESS	4110 SOUTH FLORIDA AVENUE	
CITY-ST-ZIP	LAKELAND FL 33803-2926	
TITLE	PD	<input type="checkbox"/> Delete
NAME	TYLER, DONNIE L	
STREET ADDRESS	5397 N. SOCRUM LOOP RD.	
CITY-ST-ZIP	LAKELAND FL 33809	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEPHENS, DONALD K	
STREET ADDRESS	4110 S. FLORIDA AVENUE 120 ALLAMANDA DR.	
CITY-ST-ZIP	LAKELAND FL 33813 33803	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-9-00 (863) 802-8575

CR2E037 (9/99)