

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006057

1. Entity Name

NEW CEDAR GROVE OWNERS ASSOCIATION, INC.

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90450 031 \*\*\*\*61.25

Principal Place of Business

3932 SWIFT ROAD  
SARASOTA FL 34231

Mailing Address

3932 SWIFT ROAD  
SARASOTA FL 34231

2. Principal Place of Business

5638-5660 Jason Lee Place

3. Mailing Address

5013 Fielding Lane

Suite, Apt. #, etc.

Suite #5

Suite, Apt. #, etc.

City & State

SARASOTA, FL

City & State

SARASOTA, FL 34233

Zip

34233

Country

USA

Zip

34233

Country

USA

6. Name and Address of Current Registered Agent

ROKNICH, NICK III  
1800 SECOND STREET  
SUITE 901  
SARASOTA FL 34236

4. FEI Number

65-0903191

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

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, typed or printed name of registered agent and file 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 PD  
NAME ROKNICH, NICK III  
STREET ADDRESS 1800 SECOND STREET #901  
CITY-ST-ZIP SARASOTA FL 34236 ☐ Delete

TITLE VD  
NAME TEPPORT, LINDA  
STREET ADDRESS 3932 SWIFT ROAD  
CITY-ST-ZIP SARASOTA FL 34231 ☒ Delete

TITLE STD  
NAME ROSER, MIROSLAV  
STREET ADDRESS 3932 SWIFT ROAD  
CITY-ST-ZIP SARASOTA FL 34231 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Lauren Kohl-Helbig  
NAME VD  
STREET ADDRESS 1800 Second St. Suite 901  
CITY-ST-ZIP Sarasota, FL 34236 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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: ☒

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)