2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 19, 2001 8:00 am
Secretary of State
04-26-2001 90078 013 ****61.25

DOCUMENT # N99000002536

1. Entity Name

SPRINGVIEW COMMERCIAL OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
180 TREMONTE DRIVE ORANGE CITY FL 32763	180 TREMONTE DRIVE ORANGE CITY FL 32763

[redacted]

DO NOT WRITE IN THIS SPACE
59 341 3067

2. Principal Place of Business	3. Mailing Address
1855 WEST SR 434	1855 WEST SR 434
Suite, Apt. #, etc.: SUITE 284	Suite, Apt. #, etc.: SUITE 284
City & State: LONGWOOD FL	City & State: LONGWOOD FL
Zip: 32750 Country:	Zip: 32750 Country:

4. FEI Number: ~~APPLIED FOR~~ ☐ Applied For ☐ Not Applicable

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
GRAY, JOHN C JR 36 S U.S. HWY 17-92, SUITE 100 DEBARY FL 32713	Name: Street Address (P.O. Box Number is Not Acceptable): ~~Leland Management, Inc.~~ 1633 E. Vine St., Suite 110 City: Kissimmee, FL 34744 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: David Rasmussen 6-15-01
John C. Gray JR.
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GRAY, JOHN C JR 36 S U.S. HWY 17-92, SUITE 100 DEBARY FL 32713	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSTD RASMUSSEN, DAVID R 36 S U.S. HWY 17-92, SUITE 100 DEBARY FL 32713	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVSTD DAVID R RASMUSSEN 1855 WEST SR 434, SUITE 284 LONGWOOD FL 32750 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROGERS, RICHARD 36 S U.S. HWY 17-92, SUITE 100 DEBARY FL 32713	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RICHARD ROGERS 2828 MONTMART DR ORLANDO FL 32812-1030 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALLEN PYLE, 1855 West SR 434 #284 Longwood, FL 32750 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/00)

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 REQUIRED David B. Rasmussen 407-682-1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #