

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90740 033 \*\*\*\*61.25

DOCUMENT # N 99 00000 2536

1. Entity Name

SpringView Commercial  
Owners Association, INC



**DO NOT WRITE IN THIS SPACE**

90123018

2. Principal Place of Business

805 S. Orlando Ave

Suite, Apt. #, etc.

3. Mailing Address

PO Box 947869

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Winter Park, FL

Zip

Country

City & State

Maitland, FL

Zip

Country

4. FEI Number

59-3413067

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

David Rasmussen

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

805 S. Orlando Ave

STE. B

City

Winter Park

FL

Zip Code

32789

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*David Rasmussen*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-28-03

FEE IS \$61.25

Initial or Amended UBR

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P-D- David Rasmussen PO Box 947869 Maitland, FL 32794
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**DO NOT WRITE  
IN THIS SPACE**

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 exercise this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like employees.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*David Rasmussen*

Date

4-28-03

Daytime Phone #

407-682-1195

CR2E037B (12/02)