

# 2000 UNIFORM BUSINESS REPORT (UBR)

5/3

FILED

Jul 13, 2000 8:00 am  
Secretary of State

05-31-2000 90025 007 \*\*\*\*61.25

DOCUMENT # N99000002683

1. Entity Name

THE PRESERVE OF DON PEDRO OWNERS' ASSOCIATION, I

R

Principal Place of Business

Mailing Address

229 PENSACOLA ROAD  
VENICE FL 34285

229 PENSACOLA ROAD  
VENICE FL 34285-2327

2. Principal Place of Business

3113 Tota Ct

3. Mailing Address

P.O. Box 950666

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Longwood, FL

City & State

Lake Mary, FL

4. FEI Number

65-0916674

Applied For.

Not Applicable

Zip

32779

Country

USA

Zip

32795

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

TRACY, DENNIS J  
229 PENSACOLA ROAD  
VENICE FL 34285

7. Name and Address of New Registered Agent

Name James W. Wade

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

3113 Tota Ct

City

Longwood, FL

FL

Zip Code

32779

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]*

4/30/00

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	VD	<input type="checkbox"/> Delete
NAME	LEYDON, RICHARD W	
STREET ADDRESS	P O BOX	
CITY-ST-ZIP	PLACIDA FL 33948-0189	
TITLE	PD	<input type="checkbox"/> Delete
NAME	KINGSBURY, ARTHUR F III	
STREET ADDRESS	2 COMMONWEALTH AVE APT 16F	
CITY-ST-ZIP	BOSTON MA 02116-0189	
TITLE	STD	<input type="checkbox"/> Delete
NAME	TRACY, DENNIS J	
STREET ADDRESS	229 PENSACOLA ROAD	
CITY-ST-ZIP	VENICE FL 34285	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President - Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James W. Wade	
STREET ADDRESS	3113 Tota Ct	
CITY-ST-ZIP	Longwood, FL	
TITLE	Kathleen Treasurer - Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kathleen	
STREET ADDRESS	9208 East Road 4859 Charleston, SC	
CITY-ST-ZIP	Coral Springs, FL 33067	
TITLE	Secretary & Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Betty Galloway	
STREET ADDRESS	6810 Managota Key Rd	
CITY-ST-ZIP	Englewood, FL 34223	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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]* James W. Wade

4/30/00

(407)333-8830

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)