

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002683

1. Entity Name

THE PRESERVE OF DON PEDRO OWNERS' ASSOCIATION, I
NC.

Principal Place of Business

3113 TOFA COURT
LONGWOOD FL 32779

Mailing Address

PO BOX 950666
LAKE MARY FL 32795

2. Principal Place of Business

3113 TOFA COURT

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Longwood, FL

City & State

Zip

32779

Country

USA

Country

4. FEI Number

65-0916674

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WADE, JAMES W
3113 TOFA COURT
LONGWOOD FL 32479

Zip wrong

7. Name and Address of New Registered Agent

Name

WADE, JAMES W

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

3113 TOFA COURT

City

Longwood

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, 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	WADE, JAMES W	
STREET ADDRESS	3113 TOFA COURT	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SIEBOLD, KATHLEEN	
STREET ADDRESS	4859 CHARDONNAY DRIVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33067-4125	
TITLE	SD	<input type="checkbox"/> Delete
NAME	COE, ALEXANDRA	
STREET ADDRESS	5575 WILDE OAKE WAY	
CITY-ST-ZIP	SARASOTA FL 34232	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 or without other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-28-02

(408) 333-8830

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90132 035 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)