

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003193

1. Entity Name

COMMANDER ROW HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

625 LAKESHORE BLVD.
KISSIMMEE FL 34744

Mailing Address

625 LAKESHORE BLVD.
KISSIMMEE FL 34744

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3653428

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

MARK BRIAN, M
104 N. CHURCH ST.
KISSIMMEE FL 34741

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

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 | Pres | <input type="checkbox"/> Delete |
| NAME | Raymond R. Sessions | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 625 Lakeshore Blvd. | |
| CITY-ST-ZIP | Kissimmee, FL 34744 | |
| TITLE | Secretary | <input type="checkbox"/> Delete |
| NAME | Austin Sessions | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 625 Lakeshore Blvd. | |
| CITY-ST-ZIP | Kissimmee, FL 34744 | |
| TITLE | Nelly Terzieva, Treas | <input type="checkbox"/> Delete |
| NAME | 625 Lakeshore Blvd. | |
| STREET ADDRESS | Kissimmee, FL 34744 | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 |
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| 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:

Raymond R. Sessions
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Raymond R. Sessions, Pres. (407)847 8365

Date

Daytime Phone #

FILED
Aug 17, 2000 8:00 am
Secretary of State

07-20-2000 90022 014 ****61.25

05-17-2000 90963 039 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (5/00)