

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004534

1. Entity Name

MAITLAND HIGHLANDS NEIGHBORHOOD ASSOCIATION, INC

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90008 019 ****61.25

Principal Place of Business

Mailing Address

2021 DYAN WAY
MAITLAND FL 32751

2021 DYAN WAY
MAITLAND FL 32751-3907

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

59-3591854

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

MILLER, MICHAEL
2021 DYAN WAY
MAITLAND FL 32751

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

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 ☐ Delete
NAME D
STREET ADDRESS GOLDSTEIN, ELLEN
CITY-ST-ZIP 2021 DYAN WAY
MAITLAND FL 32751

TITLE ☒ Change ☐ Addition
NAME B
STREET ADDRESS 2101 Dyan Way
CITY-ST-ZIP Maitland, Florida, 32751

TITLE ☐ Delete
NAME D
STREET ADDRESS ROHLFING, LYNN
CITY-ST-ZIP 2021 DYAN WAY
MAITLAND FL 32751

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2100 Dyan Way
CITY-ST-ZIP Maitland, Florida, 32751

TITLE ☐ Delete
NAME D
STREET ADDRESS MILLER, MICHAEL
CITY-ST-ZIP 2021 DYAN WAY
MAITLAND FL 32751

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/00 407-245-7146

Date

Daytime Phone #

CR2E037 (9/99)