

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005942

1. Entity Name

GARDEN HEIGHTS HOMEOWNERS ASSOCIATION OF TITUSVI

Principal Place of Business

Mailing Address

1716 S EDEN CIRCLE
TITUSVILLE FL 32796

1716 S EDEN CIRCLE
TITUSVILLE FL 32796-3872

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

59-3616899

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

Name

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

City

FL

Zip Code

UDO, RICK
1716 S EDEN CIRCLE
TITUSVILLE FL 32796

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	President	<input type="checkbox"/> Delete
NAME	Rick Udo	
STREET ADDRESS	1716 S Eden Circle	
CITY-ST-ZIP	Titusville FL 32796	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	John Bradford	
STREET ADDRESS	1624 N Eden Circle	
CITY-ST-ZIP	Titusville FL 32796	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Amy Spillers	
STREET ADDRESS	1604 Eden Ct.	
CITY-ST-ZIP	Titusville FL 32796	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	Russ DeYoung	
STREET ADDRESS	1706 N Eden Circle	
CITY-ST-ZIP	Titusville FL 32796	
TITLE	Trustee	<input type="checkbox"/> Delete
NAME	Hosea Williams	
STREET ADDRESS	1755 S Eden Circle	
CITY-ST-ZIP	Titusville FL 32796	
TITLE	Trustee	<input type="checkbox"/> Delete
NAME	Bob Gorkchilid	
STREET ADDRESS	1603 Eden Ct.	
CITY-ST-ZIP	Titusville FL 32796	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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

Tres. 1-10 00 321-268-1398

Date

Daytime Phone #

FILED

Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90038 045 ****61.25



DO NOT WRITE IN THIS SPACE