

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006212

1. Entity Name

LANTANA SUBDIVISION PROPERTY OWNERS ASSOCIATION.

Principal Place of Business

1326 W NORTH BLVD. SUITE 7
LEESBURG FL 34749-1730

Mailing Address

P O BOX 491730
LEESBURG FL 34749-1730

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GREGG, JAMES R
1326 W NORTH BLVD, SUITE 7
LEESBURG FL 34749-1730

7. Name and Address of New Registered Agent

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

| | | |
|----------------|-----------------------------|---------------------------------|
| TITLE | President/Director | <input type="checkbox"/> Delete |
| NAME | Robert J. Vacca | |
| STREET ADDRESS | 810 Berryhill Circle | |
| CITY-ST-ZIP | Fruitland Park, FL 34731 | |
| TITLE | Secretary/Director | <input type="checkbox"/> Delete |
| NAME | Martha T. Vacca | |
| STREET ADDRESS | 810 Berryhill Circle | |
| CITY-ST-ZIP | Fruitland Park, FL 34731 | |
| TITLE | Treasurer/Executive Dir. | <input type="checkbox"/> Delete |
| NAME | James R. Gregg | |
| STREET ADDRESS | 1326 W. North Blvd., Ste. 7 | |
| CITY-ST-ZIP | Leesburg, FL 34748 | |
| 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 | | |
| 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 | | |
| 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: *James R. Gregg*
SIGNATURE AND TYPED OR PRINTED NAME OF BANKING OFFICER OR DIRECTOR

04-27-00

Date

352-787-4434

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)