

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

0010219

DOCUMENT # N99000007118

1. Entity Name

MOSS COVE COMMUNITY CORPORATION

04-11-2002 90105 010 ****70.00

Principal Place of Business

Mailing Address

**104 RHODEN LANE
 WINTER SPRINGS FL 32708**

**104 RHODEN LANE
 WINTER SPRINGS FL 32708**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3611001

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**BIRLE, CANDACE A
 528 RIDGELINE RUN
 LONGWOOD FL 32750**

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
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
**PD
 HIGAR, BETTY
 275 E. CENTRAL PKWY. 814
 ALTAMONTE SPRINGS FL 32701** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
**STD
 CANDACE Birle
 312 Rachelle Ave
 SANFORD, FL 32771** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
**VD
 NORD, CINDY
 3902 SADDLEBRIDGE ST.
 VALRICO FL 33504** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
**STD
 BIRLE, ERIC
 302 MORNING GLORY DR.
 LAKE MARY FL 32746** ☒ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
☐ Delete

TITLE
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☐ Change ☐ Addition

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 the empowered.

SIGNATURE:

SIGNATURE REQUIRED

Date

Daytime Phone #

3-29-02 407-322-0408

CR2E037 (9/01)