

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S28045

1. Entity Name

DAVENPORT ESTATES ASSOCIATION, INC.

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90015 035 ***150.00

Principal Place of Business

Mailing Address

LOT 195 DAVENPORT RV RESORT
2900 POWERLINE RD.
HAINES CITY FL 33844

LOT 195 DAVENPORT RV RESORT
2900 POWERLINE RD.
HAINES CITY FL 33844-8153

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

59-3056917

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

ANTIONORE, CHARLES J.
LOT 195 DAVENPORT RV RESORT
2900 POWERLINE ROAD
HAINES CITY FL 33844

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

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE SD ☐ Delete
NAME STICKLES, WALTER H.
STREET ADDRESS 2900 POWERLINE RD #196
CITY-ST-ZIP HAINES CITY FL

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

TITLE VD ☐ Delete
NAME LAWRENCE, ALLEN
STREET ADDRESS 2900 POWERLINE DR #152
CITY-ST-ZIP HAINES CITY FL

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

TITLE PD ☐ Delete
NAME O'BRYAN, SALLY
STREET ADDRESS 2900 POWERLINE RD #179
CITY-ST-ZIP HAINES CITY FL

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

TITLE TD ☐ Delete
NAME WISE, EDWARD
STREET ADDRESS 2900 POWERLINE RD #128
CITY-ST-ZIP HAINES CITY FL

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

TITLE D ☐ Delete
NAME WINSLOW, WILLIAM W
STREET ADDRESS 2900 POWERLINE RD #21A
CITY-ST-ZIP HAINES CITY FL 33844

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

TITLE D ☐ Delete
NAME CULVER, RALPH
STREET ADDRESS 2900 POWERLINE RD #61
CITY-ST-ZIP HAINES CITY FL 33844

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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

3/27/00

Date

863 422-4384

Daytime Phone #

CR2E034 (9/99)