

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 25, 2001 8:00 am**  
**Secretary of State**

01-25-2001 90141 011 \*\*\*150.00

**DOCUMENT # V01803**

1. Entity Name

**REFLECTIONS AT HIDDEN LAKE, INC.**

Principal Place of Business

**520 W LAKE MARY BLVD  
 SANFORD FL 32773  
 US**

Mailing Address

**PO BOX 231  
 ORLANDO FL 32802  
 US**

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

**59-3097838**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**CHRISTIANSEN, PATRICK T.  
 255 S ORANGE AVE  
 17TH FLOOR  
 ORLANDO FL 32801**

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

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, 2001 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

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CHRISTIANSEN, PATRICK T.</b>	
STREET ADDRESS	<b>255 S ORANGE AVE</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>DV</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>KNIGHT, JOHN E.</b>	
STREET ADDRESS	<b>520 WEST LAKE MARY BLVD</b>	
CITY-ST-ZIP	<b>SANFORD FL</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> Delete
NAME	<b>CHRISTIANSEN, PATRICK T</b>	
STREET ADDRESS	<b>255 S. ORANGE AVE., SUITE 1700</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32801</b>	
TITLE	<b>DVTS</b>	<input type="checkbox"/> Delete
NAME	<b>KNIGHT, JOHN E</b>	
STREET ADDRESS	<b>520 WEST LAKE MARY BLVD</b>	
CITY-ST-ZIP	<b>SANFORD FL 32773</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		

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 TITLE OF REGISTERED AGENT OR DIRECTOR

*Patrick T. Christiansen*  
**President**

Date

Daytime Phone #

*1/12/01 407-418-8845*

CR2E034 (10/00)

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