

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 08, 2000 8:00 am**  
**Secretary of State**

03-08-2000 90005 045 \*\*\*\*61.25

**DOCUMENT # 759077**

1. Entity Name

**JEFFERSON PINES CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

P O BOX 25065  
 SARASOTA FL 34277  
 US

P O BOX 25065  
 SARASOTA FL 34277-2065  
 US



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

**59-2265459**

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

**ARGUS PROPERTY MANAGEMENT INC**  
~~2100 CONSTITUTION BLVD~~  
**SARASOTA FL 34231**

**2477 STICKNEY POINT RD. STE 118A**

**ARGUS PROPERTY MANAGEMENT INC.**  
 Street Address (P.O. Box Number is Not Acceptable)

**2477 STICKNEY POINT RD. STE 118A**

City **SARASOTA** FL Zip Code **34231**

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

*[Handwritten Signature]*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**3/3/00**  
 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 **PD**  Delete  
 NAME **CARROLL, EVELYN**  
 STREET ADDRESS **739 N JEFFERSON AVE**  
 CITY-ST-ZIP **SARASOTA FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP **34237**

TITLE **D**  Delete  
 NAME **MILLER, SANDRA**  
 STREET ADDRESS **749 N JEFFERSON AVE**  
 CITY-ST-ZIP **SARASOTA FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VPD**  Delete  
 NAME **HOYT, JANE**  
 STREET ADDRESS **725 N JEFFERSON AVE**  
 CITY-ST-ZIP **SARASOTA FL 34237**

TITLE **VPD**  Change  Addition  
 NAME **JAMES R. SARTORI**  
 STREET ADDRESS **3311 BAYOU ROAD**  
 CITY-ST-ZIP **LONGBOAT KEY, FL 34228**

TITLE **SD**  Delete  
 NAME **FIPPINGER, SHARON**  
 STREET ADDRESS **731 N JEFFERSON AVE**  
 CITY-ST-ZIP **SARASOTA FL 34237**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **DOLAN, MARILYN**  
 STREET ADDRESS **729 N JEFFERSON AVE**  
 CITY-ST-ZIP **SARASOTA FL 34237**

TITLE **TD**  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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)(j), 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: *[Handwritten Signature]*

**Evelyn Carroll, Pres.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/3/00**

Date

**941-378-4440**

Daytime Phone #