

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N05167

1. Entity Name

SUGAR MILL FIVE CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Feb 22, 2000 8:00 am**  
**Secretary of State**

02-22-2000 90039 031 \*\*\*\*61.25

Principal Place of Business

Mailing Address

6015 MORROW ST E  
SUITE 211  
JACKSONVILLE FL 32217  
US

6015 MORROW ST E  
SUITE 211  
JACKSONVILLE FL 32217-2126  
US

2. Principal Place of Business

6015 MORROW ST. E  
SUITE 107

3. Mailing Address

6015 MORROW ST. E  
SUITE 107

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

Zip

32217

Country

USA

Zip

32217

Country

USA

4. FEI Number

59-2408765

Applied For

Not Applicable

5. Certificate of Status Desired - ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SULLIVAN, SCOTT  
6015 MORROW STREET E.  
SUITE 211 107  
JACKSONVILLE FL 32217

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 NAME STREET ADDRESS CITY-ST-ZIP	PD- EASLEY, MIKE 3801 CROWN POINT ROAD, 1391 JACKSONVILLE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MENTZEL, KATHLEEN 3801 CROWN POINT ROAD, 1313 JACKSONVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD- MALONE, THOMAS 3801 CROWN POINT ROAD, 1314 JACKSONVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/O	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/O SUMMINS, CHARLES 3801 CROWN POINT ROAD, 1302 JACKSONVILLE, FL 32217	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE: Thomas J. Malone

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/2000

Date

(904) 268-6777

Daytime Phone #

CR2E037 (9/99)