

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2002 8:00 am**  
**Secretary of State**

02-21-2002 90005 047 \*\*\*\*61.25

**DOCUMENT # N13636**

1. Entity Name

**SANDRIDGE ESTATES, SUNRISE MEADOWS, AND LAUREL A CRES HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**238 QUAIL RUN.  
 FROSTPROOF FL 33843**

**238 QUAIL RUN  
 FROSTPROOF FL 33843**

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 **59-2892596**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PATRICIA STALLONS  
 238 QUAIL RUN  
 FROSTPROOF FL 33843**

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

*Patricia Stallons*

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

(NOTE: Registered Agent signature required when reinstating)

*2-2-02*

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	DP	<input type="checkbox"/> Delete
NAME	ANGLIN, DAVID	
STREET ADDRESS	1220 ADAMS RD.	
CITY-ST-ZIP	FT. MEADE FL 33841	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, WILLIAM	
STREET ADDRESS	56 MEADOW WAY	
CITY-ST-ZIP	FROSTPROOF FL 33843	
TITLE	TD	<input type="checkbox"/> Delete
NAME	STALLONS, PATRICIA	
STREET ADDRESS	238 QUAIL RUN	
CITY-ST-ZIP	FROSTPROOF FL 33843	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JACOBSON, VICKI	
STREET ADDRESS	220 QUAIL RUN	
CITY-ST-ZIP	FROSTPROOF FL 33843	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Timothy Baker	
STREET ADDRESS	43 MEADOW WAY	
CITY-ST-ZIP	FROSTPROOF, FL 33843	
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		

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:

*Patricia Stallons*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2-2-02*

Date

Daytime Phone #

*363-635-3495*

CR2E037 (9/01)