

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N18166

1. Entity Name

SOUTHFIELD SUBDIVISION MAINTENANCE AND PROPERTY

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90028 040 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business 5550 BEE RIDGE ROAD SUITE E-3 SARASOTA FL 34233 US	Mailing Address 5550 BEE RIDGE ROAD SUITE E-3 SARASOTA FL 34233-1505 US
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2. Principal Place of Business 5766 Bronx Avenue Suite, Apt. #, etc. Suite A City & State Sarasota FL	3. Mailing Address 5766 Bronx Avenue Suite, Apt. #, etc. Suite A City & State Sarasota FL
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Zip 34231	Country USA	Zip 34231	Country USA
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4. FEI Number 65-0035924	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

MANAGEMENT CONCEPTS OF SARASOTA COUNTY INC
5550 BEE RIDGE ROAD
SUITE E-3
SARASOTA FL 34233

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
5766 Bronx Avenue
Suite A
 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: *Janece Young, Manager* 4/7/00
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	VD MCCAMPBELL, JAMES 1712 SPRINGS MEADOWVIEW CIR SARASOTA FL 34233 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VINCENT, SHEILA 4714 MEADOWVIEW CIR SARASOTA FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HOUSE, DAVID 4729 MEADOWVIEW CIR SARASOTA FL 34233 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MANGIE, JAMES 4699 SPRING MEADOW LANE SARASOTA FL 34233 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SIMPSON, KITTY 4730 MEADOWVIEW CIR SARASOTA FL <input checked="" 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	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Edwards, Doris 4602 Meadowview Circle Sarasota FL 34233 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Algers, Sandie 4692 Longlake Drive Sarasota FL 34233 <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	SD Altwies, David 4759 Springmeadow Lane Sarasota FL 34233 <input type="checkbox"/> Change <input checked="" 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: *[Signature]* 4/7/2000 941-924-5261
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)