

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90441 016 ****61.25

DOCUMENT # N18166

1. Entity Name

SOUTHFIELD SUBDIVISION MAINTENANCE AND PROPERTY

Principal Place of Business

5766 BRONX AVE.
 STE A
 SARASOTA FL 34231
 US

Mailing Address

5766 BRONX AVE.
 STE A
 SARASOTA FL 34231
 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

65-0035924

Applied For

Not Applicable

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCCAMPBELL, JAMES 1712 SPRINGS MEADOWVIEW CIR SARASOTA FL 34233	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VINCENT, SHEILA 4714 MEADOWVIEW CIR SARASOTA FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HOUSE, DAVID 4729 MEADOWVIEW CIR SARASOTA FL 34233	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MANGIE, JAMES 4699 SPRING MEADOW LANE SARASOTA FL 34233	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SIMPSON, KITTY 4730 MEADOWVIEW CIR SARASOTA FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ALTWIS, DAVID 4759 SPRING MEADOW LANE SARASOTA, FL 34233	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCOTT ASHBY 4607 MEADOWVIEW CIRCLE SARASOTA FL 34233	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SANDIE ALGER 4692 LONGLAKE DRIVE SARASOTA FL 34233	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. JOHN RUEGO 4758 SPRING MEADOW LANE SARASOTA FL 34233	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/01 (941) 922-5101
 Date Daytime Phone #

CR2E037 (10/00)