

2000 UNIFORM BUSINESS REPORT (UBR)

1/2

DOCUMENT # N30690

FILED
May 01, 2000 8:00 am
Secretary of State

01-29-2000 90016 029 ****61.25

1. Entity Name

SOUTHBRIDGE PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

359 CAROLINA AVE
 WINTER PARK FL 32789
 US

359 CAROLINA AVE
 WINTER PARK FL 32789-3173
 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

59-2992489

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

PUGH, JAMES H JR.
359 CAROLINA AVE
WINTER PARK FL 32789

Name **Grant T. Downing**

Street Address (P.O. Box Number is Not Acceptable)

Godbold, Downing, Sheahan & Bill, PA
222 West Comstock Ave.

City

Winter Park

FL

Zip Code
32789

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	DP	<input type="checkbox"/> Delete
NAME	PUGH, JAMES H JR.	
STREET ADDRESS	359 CAROLINA AVE	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	DST	<input type="checkbox"/> Delete
NAME	BRADLEY, STEVE	
STREET ADDRESS	359 CAROLINA AVE	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RIVA, KYLE	
STREET ADDRESS	359 CAROLINA AVE	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/00
 Date

Daytime Phone #