

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90119 006 ***150.00

DOCUMENT # F94000001942
1. Entity Name
SUTTON TOWN & COUNTRY ASSOCIATES, LTD., INC.



Principal Place of Business
**17290 CORAL COVE WAY
BOCA RATON FL 33496**

Mailing Address
**17290 CORAL COVE WAY
BOCA RATON FL 33496**



2. Principal Place of Business
1801 Clint Moore Rd.

Suite, Apt. #, etc.

SUITE 204

City & State
BOCA RATON, FL

Zip
33487

Country
USA

3. Mailing Address
1801 Clint Moore Rd.

Suite, Apt. #, etc.

SUITE 204

City & State
BOCA RATON, FL

Zip
33487

Country
USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0472136**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**YUDELL, DAVID
17290 CORAL COVE WAY
BOCA RATON FL 33496**

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **YUDELL, DAVID**
STREET ADDRESS **17290 CORAL COVE WAY**
CITY-ST-ZIP **BOCA RATON FL 33496**

TITLE **ST** ☐ Delete
NAME **YUDELL, JUDY**
STREET ADDRESS **17290 CORAL COVE WAY**
CITY-ST-ZIP **BOCA RATON FL 33496**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 607, 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

Date

Daytime Phone #

CR2E034 (10/02)