

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 728354

1. Entity Name

EMERALD ACRES PROPERTY ASSOCIATION, INC.

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90011 047 \*\*\*\*61.25

Principal Place of Business

Mailing Address

170 TEMPLE GROVE DR.  
WINTER GARDEN FL 34787

JACK E. CARTER II  
170 TEMPLE GROVE DR.  
WINTER GARDEN FL 34787-2520

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CARTER, JACK E II  
170 TEMPLE GROVE DR.  
WINTER GARDEN FL 34787

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 **P** ☐ Delete  
NAME **CARTER, JACK**  
STREET ADDRESS **170 TEMPLE GROVE DR**  
CITY-ST-ZIP **WINTER GARDEN FL**

TITLE **V.P. William H. Hinson** ☐ Change ☐ Addition  
NAME  
STREET ADDRESS **160 Temple Grove Dr.**  
CITY-ST-ZIP **WINTER GARDEN, FL. 34787**

TITLE **D** ☐ Delete  
NAME **HINSON ELIZABETH**  
STREET ADDRESS **130 TEMPLE GROVE DR**  
CITY-ST-ZIP **WINTER GARDEN FL**

TITLE **D. Neil McMillan** ☐ Change ☐ Addition  
NAME  
STREET ADDRESS **195 Temple Grove Dr**  
CITY-ST-ZIP **WINTER GARDEN FL 34787**

TITLE **D** ☒ Delete  
NAME **REEVES, ED**  
STREET ADDRESS **110 TEMPLE GROVE DRIVE**  
CITY-ST-ZIP **WINTER GARDEN FL**

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

TITLE **ST** ☐ Delete  
NAME **ROBERTSON, SUE**  
STREET ADDRESS **56 TEMPLE GROVE DRIVE**  
CITY-ST-ZIP **WINTER GARDEN FL**

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

TITLE **D** ☐ Delete  
NAME **STANFORD, DAVID**  
STREET ADDRESS **190 TEMPLE GROVE DRIVE**  
CITY-ST-ZIP **WINTER GARDEN FL**

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

TITLE **V** ☒ Delete  
NAME **RUSHING, KENNETH**  
STREET ADDRESS **295 TEMPLE GROVE DR**  
CITY-ST-ZIP **WINTER GARDEN FL**

TITLE ☐ Change ☐ 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 all address with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
**JACK E. CARTER II**

Date

Daytime Phone #

**407 877 9439**

CR2E037 (9/99)