

## 2000 UNIFORM BUSINESS REPORT (UBR)

2/8

FILED

May 16, 2000 8:00 am  
Secretary of State

02-08-2000 90038 013 \*\*\*\*61.25

DOCUMENT # 742210

1. Entity Name

SUGAR FOREST, PHASE III, HOMEOWNERS' ASSOCIATION

Principal Place of Business

816 INDIGO CT.  
PORT ORANGE FL 32119

Mailing Address

816 INDIGO CT.  
PORT ORANGE FL 32119-3711

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number  
59-2187438

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

MONROE, JOHN E JR.  
816 INDIGO CT.  
PORT ORANGE FL 32119

7. Name and Address of New Registered Agent

Name Ernest Hayes

Street Address (P.O. Box Number is Not Acceptable)  
831 Sugar House Blvd.

Pt. Orange FL 32119

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 street applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.259. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to FeesMake Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
D	BAILEY, M	796 SUGAR HOUSE DRIVE	PORT ORANGE FL 32119	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	WEMMER, H.	825 SUGAR HOUSE DR.	PORT ORANGE FL 32119	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
D	BURNETT, T.	798 SUGAR HOUSE DR.	PORT ORANGE FL 32119	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
D	ARMSTRONG, N.	779 SUGAR CANE LANE	PORT ORANGE FL 32119	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TS	MONROE, J.	816 INDIGO CT.	PORT ORANGE FL 32119	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	SHAFFER, CANDIS	785 SUGAR CANE LANE	PT ORANGE FL 32119	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
D	Kenneth Long	781 Sugar Cane Ln.	Pt. Orange FL 32119	<input type="checkbox"/>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
VP	Connie Ellison	826 Sugar House Dr.	Pt. Orange FL 32119	<input type="checkbox"/>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
DR	Lois Moltane	819 Sugar House Dr.	Pt. Orange FL 32119	<input type="checkbox"/>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
Dir.				<input type="checkbox"/>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
Dir.				<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 12, 00 (904) 767-7630

Date

Daytime Phone #