

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90108 015 \*\*\*\*61.25

**DOCUMENT # 748085**

1. Entity Name

**THE GREATER SUNNYSIDE AREA PROPERTY OWNERS ASSOCIATION, INC.**

Principal Place of Business

**131 WEST MAIN STREET  
TAVARES FL 32778**

Mailing Address

**131 WEST MAIN STREET  
TAVARES FL 32778**

2. Principal Place of Business

**6833 TUSCAWILLA DR**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**LEESBURG FL**

4. FEI Number

**59-2850854**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**CAUTHEN, DAVID E.  
131 WEST MAIN STREET  
TAVARES FL 32778**

7. Name and Address of New Registered Agent

Name

**EDWARD H. RIDDLE**

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

**6833 TUSCAWILLA DRIVE**

City

**LEESBURG**

**FL**

Zip Code

**34748**

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

*Edward H. Riddle*

**4/21/02**

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

TITLE **D** ☐ Delete  
NAME **YOX, CRAIG**  
STREET ADDRESS **6510 TUSCAWILLA DR**  
CITY-ST-ZIP **LEESBURG FL 34748**

TITLE **VP** ☐ Delete  
NAME **RIDDLE, JANET**  
STREET ADDRESS **6721 WOODY COURT**  
CITY-ST-ZIP **LEESBURG FL 34748**

TITLE **T** ☐ Delete  
NAME **RIDDLE, ED**  
STREET ADDRESS **6833 TUSCAWILLA DR**  
CITY-ST-ZIP **LEESBURG FL 34748**

TITLE **D** ☒ Delete  
NAME **CAUTHEN, DAVID**  
STREET ADDRESS **131 W MAIN ST**  
CITY-ST-ZIP **TAVARES, FL 32778**

TITLE **D** ☐ Delete  
NAME **HIPSLEY, EDWARD O.**  
STREET ADDRESS **6616 TUSCAWILLA DRIVE**  
CITY-ST-ZIP **LEESBURG, FL 34748**

TITLE **D** ☐ Delete  
NAME **WILKES, BRIAN**  
STREET ADDRESS **6839 TUSCAWILLA DR**  
CITY-ST-ZIP **LEESBURG FL 34748**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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 an address with all other like empowered.

SIGNATURE:

*Edward H. Riddle*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/21/02 352-323-5383**

CR2E037 (9/01)