

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 27, 2000 8:00 am**  
**Secretary of State**

03-27-2000 90067 016 \*\*\*\*61.25

**DOCUMENT # 752176**

1. Entity Name

**THE SUGAR MILL ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

100 CLUBHOUSE CIRCLE  
 NEW SMYRNA BEACH FL 32168  
 US

100 CLUBHOUSE CIRCLE  
 NEW SMYRNA BEACH FL 32168-7967  
 US

00044333



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2057217

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PETERSON, JR, SID C  
 418 CANAL STREET  
 NEW SMYRNA BCH FL 32168

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	DP	<input checked="" type="checkbox"/> Delete
NAME	CHALFANT, MICHAEL	
STREET ADDRESS	552 BOTTLEBRUSH COURT	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	LUDDEN, LYNETTE	
STREET ADDRESS	100 CLUBHOUSE CIRCLE	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARCEAU, BERNARD	
STREET ADDRESS	829 SAWGRASS LANE	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	DV	<input type="checkbox"/> Delete
NAME	GRANTHAM, RUSSELL	
STREET ADDRESS	941 CROOKED WOOD COURT	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	PASQUALE, R.J.	
STREET ADDRESS	350 GLEANEAGLES	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	DS	<input type="checkbox"/> Delete
NAME	FONDRE, KATHRYN	
STREET ADDRESS	1042 CLUBHOUSE BLVD	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD FAGERLIE	
STREET ADDRESS	908 ARROWWOOD COURT	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168	
TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOSEPH KNIPPER	
STREET ADDRESS	1107 LOCH LINNHE	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES SWIFT	
STREET ADDRESS	257 LIVE OAK LANE	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES ZACHA	
STREET ADDRESS	329 SWEET BAY AVE.	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNARD GARCEAU	
STREET ADDRESS	829 SAWGRASS LANE	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	DP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSELL GRANTHAM	
STREET ADDRESS	941 CROOKED WOOD COURT	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Russell A. Grantham*      **RUSSELL A. GRANTHAM**      3-21-00      904-476-3528

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)