

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

0001726

**DOCUMENT # 752176**

1. Entity Name

**THE SUGAR MILL ASSOCIATION, INC.**

04-08-2002 90224 044 \*\*\*\*\*61.25

Principal Place of Business <b>100 CLUBHOUSE CIRCLE NEW SMYRNA BEACH FL 32168 US</b>	Mailing Address <b>100 CLUBHOUSE CIRCLE NEW SMYRNA BEACH FL 32168 US</b>
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**80060307**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number <b>59-2057217</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

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

**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.

SIGNATURE \_\_\_\_\_ (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 NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>KNIPPER, JOSEPH</b> <b>1107 LOCH LINNHE</b> <b>NEW SMYRNA BEACH FL 32168</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> <b>PATTERSON, KEN</b> <b>714 TANTALLON COURT</b> <b>NEW SMYRNA BEACH FL 32168</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT</b> <b>MCHENRY, MARCIA</b> <b>180 SWEET BAY AVENUE</b> <b>NEW SMYRNA BEACH FL 32168</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> <b>POLDERMAN, MARK</b> <b>937 CROOKED WOOD COURT</b> <b>NEW SMYRNA BEACH FL 32168</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PETERSON, BILL</b> <b>1111 LOCH LOMOND COURT</b> <b>NEW SMYRNA BEACH FL 32168</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SWIFT, JAMES</b> <b>257 LIVE OAK LANE</b> <b>NEW SMYRNA BEACH FL 32168</b>	<input checked="" type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>PATTERSON, KEN</b> <b>714 TANTALLON COURT</b> <b>NEW SMYRNA BEACH, FL 32168</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> <b>JOE KASPER</b> <b>338 TROON COURT</b> <b>NEW SMYRNA BEACH FL 32168</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>POLDERMAN MARK</b> <b>937 CROOKED WOOD COURT</b> <b>NEW SMYRNA BEACH FL 32168</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HADEN PAUL</b> <b>1082 BULTON BUSH PLACE</b> <b>NEW SMYRNA BEACH FL 32168</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> <b>CRAFTS, EILEEN</b> <b>931 CLUBHOUSE BLVD.</b> <b>NEW SMYRNA BEACH FL 32168</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/26/02** **386-426-5228**  
 Date Daytime Phone #

CR2E037 (9/01)