

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 22, 2000 8:00 am**  
**Secretary of State**

02-22-2000 90039 032 \*\*\*\*61.25

**DOCUMENT # 758241**

1. Entity Name

**SUGAR MILL COMMON ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

6015 MORROW STREET E.  
 SUITE 211  
 JACKSONVILLE FL 32217

6015 MORROW STREET E.  
 SUITE 211  
 JACKSONVILLE FL 32217-2126



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

6015 MORROW ST, E

6015 MORROW ST, E

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 211

SUITE 211

City & State

City & State

JACKSONVILLE, FL

JACKSONVILLE, FL

Zip

Country

Zip

Country

32217

USA

32217

USA

4. FEI Number

59-2174706

Applied For

Not Applicable

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

**BANNING MANAGEMENT, INC.**  
 6015 MORROW STREET E.  
 SUITE 211  
 JACKSONVILLE FL 32217

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PD	ROMITA, JOAN	3801 CROWN POINT RD.	JACKSONVILLE FL	<input checked="" type="checkbox"/>
VB	LONG, LAMAR	3801 CROWN POINT RD.	JACKSONVILLE FL	<input checked="" type="checkbox"/>
D	PARKER, NAORINE	3801 CROWN POINT RD.	JACKSONVILLE FL	<input type="checkbox"/>
STB	SMALL, ROBERT	3801 CROWN POINT RD.	JACKSONVILLE FL	<input type="checkbox"/>
D	EASBY, MIKE	3801 CROWN POINT ROAD	JACKSONVILLE FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
P/O	MALONE, THOMAS	3801 CROWN POINT ROAD, #1217	JACKSONVILLE, FL 32257	<input type="checkbox"/>	<input checked="" type="checkbox"/>
O	SUDON, WANDA	3801 CROWN POINT ROAD, #1121	JACKSONVILLE, FL 32257	<input type="checkbox"/>	<input checked="" type="checkbox"/>
V/O				<input checked="" type="checkbox"/>	<input type="checkbox"/>
T/O				<input checked="" type="checkbox"/>	<input type="checkbox"/>
S/O	WESTBROOK, JEFF	12097 HAMMOCK OAKS DRIVE	JACKSONVILLE, FL 32223	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<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:** *Thomas Malone*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/2000

Date

(904) 268-6777

Daytime Phone #

CRE037 (9/99)