

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2002 8:00 am**  
**Secretary of State**

02-17-2002 90029 042 \*\*\*\*61.25

**DOCUMENT # 758241**

1. Entity Name

**SUGAR MILL COMMON ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**6015 MORROW STREET E.  
 SUITE 107  
 JACKSONVILLE FL 32217**

**6015 MORROW STREET E.  
 SUITE 107  
 JACKSONVILLE FL 32217**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2174706**

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

**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	<b>PD</b> <b>MALONE, THOMAS</b> <b>3801 CROWN POINT ROAD 1314</b> <b>JACKSONVILLE FL 32257</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SUTON, WANDA</b> <b>3801 CROWN POINT ROAD 1121</b> <b>JACKSONVILLE FL 32257</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>PD</del> <b>PARKER, NAORINE</b> <b>3801 CROWN POINT RD.</b> <b>JACKSONVILLE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>SMALL, ROBERT</b> <b>3801 CROWN POINT RD.</b> <b>JACKSONVILLE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>LASKY, ROBERT</b> <b>3801 CROWN POINT RD #2172</b> <b>JACKSONVILLE FL 32257</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Change</b> <input type="checkbox"/> <b>Addition</b> <input checked="" type="checkbox"/>
<b>mike Jacobsen</b> <b>3801 Crown Point Rd 1273</b> <b>Jacksonville FL 32257</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Change</b> <input type="checkbox"/> <b>Addition</b> <input type="checkbox"/>
<b>PD</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Change</b> <input checked="" type="checkbox"/> <b>Addition</b> <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Change</b> <input type="checkbox"/> <b>Addition</b> <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Change</b> <input type="checkbox"/> <b>Addition</b> <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Change</b> <input type="checkbox"/> <b>Addition</b> <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:** *Naorine Parker* **REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/30/02**

**904-268-3905**  
 Daytime Phone #

CP2E037 (9/01)