

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 759434

1. Entity Name

SUGAR SANDS TOWN HOMES ASSOCIATION, INC.

14121 Perdido Key Dr. Pensacola, FL 32507

Principal Place of Business

Mailing Address

14239 PERDIDO KEY DR.
PENSACOLA FL 32507

14239 PERDIDO KEY DR.
PENSACOLA FL 32507

LAWRENCE & LORA Rodgers
1501 E. LAKEVIEW AVE
PENSACOLA, FLA. 32503

SAME

2. Principal Place of Business

3. Mailing Address

14121 Perdido Key Dr.

LAWRENCE & LORA Rodgers

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1501 E. LAKEVIEW AVE

City & State

PENSACOLA, FLA.

City & State

PENSACOLA, FLA.

Zip

32507

Country

Zip

32503

Country

4. FEI Number

59-3192635

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

TAYLOR, JAMES C.
4300 BAYOU BLVD.
PENSACOLA FL 32513

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
After September 13, 2000 min. will be \$236.25

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 ☒ Delete
NAME D
STREET ADDRESS GRIFFIN, GLENN R
CITY-ST-ZIP 14239 PERDIDO KEY DR.
PENSACOLA FL 32507

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

TITLE ☒ Delete
NAME D
STREET ADDRESS GRIFFIN, JOHNNIE R
CITY-ST-ZIP 14239 PERDIDO KEY DR.
PENSACOLA FL

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

TITLE ☒ Delete
NAME D
STREET ADDRESS LANIER, HERB
CITY-ST-ZIP 14405 INNERANITY RD.
PENSACOLA FL 32507

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

TITLE ☐ Delete
NAME D
STREET ADDRESS Rodgers, LAWRENCE & LORA
CITY-ST-ZIP 1501 E. LAKEVIEW AVE
PENSACOLA, FLA 32503

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

TITLE ☐ Delete
NAME D
STREET ADDRESS KING, WILLIAM & NANCY
CITY-ST-ZIP 14121 PERDIDO KEY DR.
PENSACOLA FL 32507

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

TITLE ☐ Delete
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)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/29/2000

Daytime Phone #

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-06-2000 90011 001 ****30.64

09-06-2000 90011 002 ****15.32

09-06-2000 90011 003 ****15.32



DO NOT WRITE IN THIS SPACE

CR2E037 (5/00)