

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 765725

1. Entity Name

SUGAR MILL TWO CONDOMINIUM ASSOCIATION, INC.

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90157 004 ****61.25

Principal Place of Business

6015 MORROW ST. E.
SUITE 107
JACKSONVILLE FL 32217

Mailing Address

6015 MORROW ST. 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 **59-2392998**

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, TERENCE K.
6015 MORROW ST., E. STE. 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

TITLE **PD** ☐ Delete
NAME **SMALL, ROBERT**
STREET ADDRESS **3801 CROWN POINT RD.**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **STD** ☐ Delete
NAME **PARHAM, SHIRLEY**
STREET ADDRESS **3801 CROWN POINT RD**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **VD** ☐ Delete
NAME **ATKINSON, LANA**
STREET ADDRESS **3801 CROWN POINT RD**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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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: *Robert Small*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/02

Date

Daytime Phone #

CR2E037 (9/01)