

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 765771**

1. Entity Name

**SABAL POINT COMMUNITY SERVICES ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

407 WEKIVA SPRINGS RD  
STE 205  
LONGWOOD FL 32779  
USPO BOX 915348  
LONGWOOD FL 91534-534  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-2352184**

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**PAT A. KEHLER, AGENT  
REGENCY PROFESSIONAL MANAGEMENT, INC.  
407 WEKIVA SPRINGS ROAD STE 205  
LONGWOOD FL 32779

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	<input type="checkbox"/> Delete
D	BESHORE, BETTINA	451 SABAL TRAIL CIRCLE	LONGWOOD FL 32779	<input type="checkbox"/>
D	POPE, CADESMAN III	510 SABAL TRAIL CIRCLE	LONGWOOD FL 32779	<input type="checkbox"/>
D	BUTLER, JACKIE	657 PINE SHADOW CT	LONGWOOD FL 32779	<input type="checkbox"/>
T	BUTZ, WILLIAM	503 BRAMBLEWOOD CT	LONGWOOD FL 32779	<input type="checkbox"/>
D	HANDYSIDE, SHAILER	450 VILLAGE PLACE, APT 312	LONGWOOD FL 32779	<input type="checkbox"/>
P	MACGILVRAY, JOSEPH	682 PINE SHADOW CT	LONGWOOD FL	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
D	MARIE KUHN	186 W SABAL PALM PLACE	LONGWOOD, FL 32779	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	WAYNE HUNICKE	547 TIMBER RIDGE DRIVE	LONGWOOD, FL 32779	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	STEPHAN LOSO	508 BRAMBLEWOOD COURT	LONGWOOD, FL 32779	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM BUTZ, PRES

Date

1/4/02

Daytime Phone #

407 786 5100



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)