

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 790710

1. Entity Name

FLORIDA SANTA GERTRUDIS ASSOCIATION

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90040 020 ****61.25

Principal Place of Business

Mailing Address

236 S LUCERNE CIRCLE
ORLANDO FL 32801-4499
US

236 S LUCERNE CIRCLE
ORLANDO FL 32801-4403
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1590311

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAN H. HONEYWELL
236 S. LUCERNE CIRCLE
ORLANDO FL 32801

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
ST
HONEYWELL, DAN H
236 S. LUCERNE CIRCLE
ORLANDO FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President / Director ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
ALEXANDER, GEORGE
P.O. BOX 502
VERNON FL 32462 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
JONES, WANDA B
RT 9 BOX 3630
LAKE CITY FL 32024 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary / Treasurer / Director ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FRED DIETRICH
10 SEMINOLE TRAIL
ORLANDO FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
EDENFIELD, JAMIE
3515 S.W. 39TH BLVD.
GAINESVILLE FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
JOE F. KEATING
4505 W. BEACHWAY DRIVE
TAMPA, FLA 33609 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
TERRELL, JAMES L. JR.
1610 TERRELL FARMS RD.
CALLAHAN FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President / Director ☐ Change ☐ Addition

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

Date

Daytime Phone #

5/31/00 (407) 843-7000