

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90384 019 *****61.25

0025877

DOCUMENT # 790710

1. Entity Name

FLORIDA SANTA GERTRUDIS ASSOCIATION

Principal Place of Business

236 S LUCERNE CIRCLE
 ORLANDO FL 32801-4499
 US

Mailing Address

236 S LUCERNE CIRCLE
 ORLANDO FL 32801-4499
 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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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	ST	<input type="checkbox"/> Delete
NAME	HONEYWELL, DAN H	
STREET ADDRESS	236 S. LUCERNE CIRCLE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	ALEXANDER, GEORGE	
STREET ADDRESS	P.O. BOX 502	
CITY-ST-ZIP	VERNON FL 32462	
TITLE	P	<input type="checkbox"/> Delete
NAME	JONES, WANDA B	
STREET ADDRESS	RT 9 BOX 3630	
CITY-ST-ZIP	LAKE CITY FL 32024	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRED DIETRICH	
STREET ADDRESS	10 SEMINOLE TRAIL	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	EDENFIELD, JAMIE	
STREET ADDRESS	3515 S.W. 39TH BLVD.	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	TERRELL, JAMES L. JR.	
STREET ADDRESS	1610 TERRELL FARMS RD.	
CITY-ST-ZIP	CALLAHAN FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	} Same	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOE F. KEATING	
STREET ADDRESS	4505 W. PREACHING DRIVE	
CITY-ST-ZIP	TAMPA, FLA 33604	
TITLE	Secretary/Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	} Same	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LARRY G. ELLIOTT	
STREET ADDRESS	772 CORBIN ROAD	
CITY-ST-ZIP	WILKEY, FLA 32428	
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	} Same	
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)(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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/5/01 (407)843-7000

CR2E037 (10/00)