

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 12, 2002 8:00 am**  
**Secretary of State**

02-12-2002 90093 007 \*\*\*\*61.25

**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

10 Seminole  
 Suite, Apt. #, etc.

3. Mailing Address

10 Seminole  
 Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Orlando FL

Zip

32833

Country

Orange

Zip

32833

Country

Orange

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 **H. Fred Dietrich, III**  
 Street Address (P.O. Box Number is Not Acceptable)  
 10 Seminole Trail

City **Orlando** FL Zip Code **32833**

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

*H. Fred Dietrich, III*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-22-02

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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>HONEYWELL, DAN H</b>	
STREET ADDRESS	<b>236 S. LUCERNE CIRCLE</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KEATING, JOE F</b>	
STREET ADDRESS	<b>4505 W. BEACODY DRIVE</b>	
CITY-ST-ZIP	<b>TAMPA FL 33604</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>JONES, WANDA B Randy</b>	
STREET ADDRESS	<b>RT 9 BOX 3630</b>	
CITY-ST-ZIP	<b>LAKE CITY FL 32024</b>	
TITLE	<b>OST</b>	<input type="checkbox"/> Delete
NAME	<b>FRED DIETRICH</b>	
STREET ADDRESS	<b>10 SEMINOLE TRAIL</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>D ENFINGER</b>	<input type="checkbox"/> Delete
NAME	<b>ENFINGER, LARRY G</b>	
STREET ADDRESS	<b>772 CORBIN ROAD</b>	
CITY-ST-ZIP	<b>CHIPLEY FL 32428</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>TERRELL, JAMES L JR.</b>	
STREET ADDRESS	<b>1610 TERRELL FARMS RD.</b>	
CITY-ST-ZIP	<b>GALLAHAN FL</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Ira Barrera</b>	
STREET ADDRESS	<b>15548 Sunflower Trail</b>	
CITY-ST-ZIP	<b>Orlando, FL 32828</b>	

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 an other like empowered.

SIGNATURE:

*H. Fred Dietrich, III*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-02 407-56825

CR2E037 (9/01)