

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G92729

1. Entity Name

SUGAR CREEK RESIDENT OWNERS', INC.

**FILED**  
**Mar 01, 2000 8:00 am**  
**Secretary of State**

03-01-2000 90002 047 \*\*\*150.00

Principal Place of Business

Mailing Address

10265 ULMERTON  
LOT 56  
LARGO FL 33771  
US

10265 ULMERTON  
LOT 56  
LARGO FL 33771-4103  
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 **59-2770678**

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

MCLACHLAN, BRYAN K  
9750 SEMINOLE BLVD  
PO BOX 7427  
SEMINOLE FL 33775

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so:  
(See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Delete  
NAME **STOCKER, ROBERT**  
STREET ADDRESS **10265 ULMERTON RD., #90**  
CITY-ST-ZIP **LARGO FL**

TITLE ☒ Change ☐ Addition  
NAME **V.P. JANETTE OWENS**  
STREET ADDRESS **10265 ULMERTON RD, LOT 171**  
CITY-ST-ZIP **LARGO, FL 33771**

TITLE ☐ Delete  
NAME **ST DUNN, BETTY**  
STREET ADDRESS **10265 ULMERTON RD LOT 56**  
CITY-ST-ZIP **LARGO FL**

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

TITLE ☐ Delete  
NAME **D CALLAHAN, PATRICIA**  
STREET ADDRESS **10265 ULMERTON RD. LOT 163**  
CITY-ST-ZIP **LARGO FL**

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

TITLE ☒ Delete  
NAME **BALAS, FRANK**  
STREET ADDRESS **10265 ULMERTON RD. LOT 177**  
CITY-ST-ZIP **LARGO FL**

TITLE ☒ Change ☐ Addition  
NAME **P ROSS McTAVISH**  
STREET ADDRESS **10265 ULMERTON RD, LOT 238**  
CITY-ST-ZIP **LARGO, FL 33771**

TITLE ☒ Delete  
NAME **COATES, ANNA**  
STREET ADDRESS **10265 ULMERTON RD, LOT 244**  
CITY-ST-ZIP **LARGO FL 33771**

TITLE ☒ Change ☐ Addition  
NAME **DIRECTOR**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Sig Betty Dunn*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-18-00**

Date

**727-585-5463**

Daytime Phone #

CR2E034 (9/99)