

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91778 002 ****61.25

0100929

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1. Entity Name

STEEPLECHASE II SURFACEWATER MANAGEMENT ASSOCIATION, INC.



Principal Place of Business

C/O 14021 N.W. US HWY 441
ALACHUA FL 32615

Mailing Address

C/O 14021 N.W. US HWY 441
ALACHUA FL 32615

2. Principal Place of Business

13151 Newberry Road

3. Mailing Address

P.O. Box 13461

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tioga FL

City & State

Gainesville Florida

Zip

32669

Country

US

Zip

32604

Country

US

4. FEI Number **59-3645312**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CHESBOROUGH, LOWELL D
14021 NW US HWY 441
ALACHUA FL 32615**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PSTD	<input checked="" type="checkbox"/> Delete
NAME	CHESBOROUGH, LOWELL D	
STREET ADDRESS	14021 NW US HWY 441	
CITY-ST-ZIP	ALACHUA FL 32615	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CARPENTER, RONALD A	
STREET ADDRESS	5608 NW 43RD ST.	
CITY-ST-ZIP	GAINESVILLE FL 32653	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PARRISH, SHARON D	
STREET ADDRESS	5608 NW 43RD ST.	
CITY-ST-ZIP	GAINESVILLE FL 32653	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Diaz, Luis A	
STREET ADDRESS	13151 Newberry Rd	
CITY-ST-ZIP	Tioga FL 32669	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Curtis, John Jr.	
STREET ADDRESS	13151 Newberry Rd	
CITY-ST-ZIP	Tioga FL 32669	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Popp, Victor C	
STREET ADDRESS	13151 Newberry Rd	
CITY-ST-ZIP	Tioga FL 32669	
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		

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 of Victor C Popp

4/29/03

352/531-6220

CR2E037 (10/02)