

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90068 012 ****61.25

DOCUMENT #N01000008783

1. Entity Name

PROVIDENCE NEIGHBORHOOD ASSOCIATION INC

Principal Place of Business

2180 W SR 434 STE 5000
 LONGWOOD FL 32779

Mailing Address

2180 W SR 434 STE 5000
 LONGWOOD FL 32779

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

03-0373332

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

JOHN B SHOEMAKER
 4432 PARKWAY COMMERCE BLVD
 ORLANDO FL 32808

7. Name and Address of New Registered Agent

Name

JAMES W HART JR

Street Address (P.O. Box Number is Not Acceptable)

SENTRY MANAGEMENT INC

2180 W SR 434 STE 5000

City

LONGWOOD

FL

Zip Code

32779

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)

4/29/02
 DATE

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

10. Officers and Directors

11. Additions/Changes to Officers and Directors in 10

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD	SHOEMAKER, JOHN	<input type="checkbox"/> Delete			
STREET ADDRESS	4432 PARKWAY COMMERCE BLVD		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32808		CITY-ST-ZIP		
SD	SUE CRAMPTON	<input type="checkbox"/> Delete			
STREET ADDRESS	4432 PARKWAY COMMERCE BLVD		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32808		CITY-ST-ZIP		
TD	STEVEN KODSKI	<input type="checkbox"/> Delete			
STREET ADDRESS	4432 PARKWAY COMMERCE BLVD		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32808		CITY-ST-ZIP		
		<input type="checkbox"/> Delete			
		<input type="checkbox"/> Delete			
		<input type="checkbox"/> Delete			

2. 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 JOHN B SHOEMAKER