

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2002 8:00 am
Secretary of State

02-07-2002 90033 018 *****61.25

DOCUMENT # N03930

1. Entity Name

THE COURTYARDS OF SUNTREEE, INC.

Principal Place of Business

Mailing Address

**715 GREEN VALLEY LN. #2
 MELBOURNE FL 32940**

**6939 N WICKHAM ROAD
 MELBOURNE FL 32940**

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

59-2595349

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

Name

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

City

FL

Zip Code

**SABELL, ANN
 6939 N. WICKHAM ROAD
 MELBOURNE FL 32940**

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	PD	<input checked="" type="checkbox"/> Delete
NAME	CLAY, WILLIAM	
STREET ADDRESS	SPRING VALLEY DR	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	HUBBS, AUDREY	
STREET ADDRESS	726 SPRING VALLEY DR	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SOUSA, CHRIS	
STREET ADDRESS	SPRING VALLEY DR	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	OGILVIE, BETTY J	
STREET ADDRESS	719 SPRING VALLEY DR	
CITY-ST-ZIP	MELBOURNE FL 32940	
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	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John S. T. T. T.	
STREET ADDRESS	751 Green Valley Lane	
CITY-ST-ZIP	Melbourne FL 32940	
TITLE	Vice Pres	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John S. T. T. T.	
STREET ADDRESS	719 Spring Valley Dr	
CITY-ST-ZIP	Melbourne, FL 32940	
TITLE	Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Charlotte Seabrook	
STREET ADDRESS	729 Spring Valley Dr	
CITY-ST-ZIP	Melbourne, FL 32940	
TITLE	Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richard Hamrick	
STREET ADDRESS	731 Spring Valley Dr	
CITY-ST-ZIP	Melbourne, FL 32940	
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/9/02

CH2E037 (8/01)