

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N05424

1. Entity Name

SUGAR SANDS CONDOMINIUM ASSOCIATION OF PENSACOLA

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90214 004 ****61.25

Principal Place of Business

Mailing Address

3148 SWAN LANE
PENSACOLA FL 32504

3148 SWAN LANE
PENSACOLA FL 32504-8326

2. Principal Place of Business

3. Mailing Address

14587 Perdido Key DR.
Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
PENSACOLA, FL

City & State

4. FEI Number
59-2521078

Applied For
Not Applicable

Zip
32507

Country
Escambia

Zip

Country

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

COFFIELD, ROBERT J.
3148 SWAN LANE
PENSACOLA FL 32504

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
RUCKEL, MARION
14587 PERDIDO KEY DR
PENSACOLA FL 32507 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SKALICKY, MARION
SAME ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
COFFIELD, CONNIE E.
3148 SWAN LANE
PENSACOLA FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
COFFIELD, ROBERT J.
3148 SWAN LANE
PENSACOLA FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
IERACITANO, JOSEPH
1425 PLAYERS CLUB CIRCLE
GULF BREEZE FL 32561 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
HARRIS, BILLY T
6235 SEQUORNIA DR
PENSACOLA FL 32507 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
JAMES L. BROWNING
5208 CRYSTAL CREEK
PACE, FL 32571 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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: Robert J. Coffield
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-00

850-418-3487

Date

Daytime Phone #

CR2E037 (9/99)