

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90128 043 ****61.25

DOCUMENT # N08173

1. Entity Name

SHARPES FERRY HOME OWNERS, INC.

Principal Place of Business

Mailing Address

**9901 SE HIGHWAY 314
 BOX 131
 SILVER SPRINGS FL 34488
 US**

**9901 SE HIGHWAY 314
 BOX 131
 SILVER SPRINGS FL 34488
 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

59-2765517

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MAYHUGH, JANET M
 9901 S.E. HWY 314
 BOX 131
 SILVER SPRINGS FL 34488**

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

Janet Mayhugh
 Signature, typed or printed name of registered agent and, if not applicable

JANET MAYHUGH TREASURER 1-16-02
 (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 **PD** ☐ Delete
 NAME **MAYHUGH, MICKEY**
 STREET ADDRESS **9901 SE HWY 314, BOX 131**
 CITY-ST-ZIP **SILVER SPRINGS FL 34488**

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

TITLE **VPD** ☐ Delete
 NAME **COLEMAN, JERRY**
 STREET ADDRESS **9901 SE HWY 314 BOX 156**
 CITY-ST-ZIP **SILVER SPRINGS FL 34488**

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

TITLE **TD** ☐ Delete
 NAME **MAYHUGH, JANET**
 STREET ADDRESS **9901 SE HWY 314, BOX 131**
 CITY-ST-ZIP **SILVER SPRINGS FL 34488**

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

TITLE **D** ☐ Delete
 NAME **BLUE, CHARLES**
 STREET ADDRESS **9901 SE HWY 314 BOX 172**
 CITY-ST-ZIP **SILVER SPRINGS FL 34488**

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

TITLE **D** ☐ Delete
 NAME **MATTHEWS, HOYT**
 STREET ADDRESS **9901 SE HWY 314 BOX 135**
 CITY-ST-ZIP **SILVER SPRINGS FL 34488**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Janet Mayhugh **JANET MAYHUGH 1-16-02 625-6438**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #