

# 2002 UNIFORM BUSINESS REPORT (UBR)

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**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

02-13-2002 90003 009 \*\*\*\*61.25

**DOCUMENT # N33494**

1. Entity Name

**SUGAR HILL ESTATES OF TAYLOR COUNTY PROPERTY OWNERS ASSOCIATION, INC.**

Principal Place of Business

C/O JULIUS COOEY  
P.O. BOX 260  
STEINHATCHEE FL 32359

Mailing Address

C/O JULIUS COOEY  
P.O. BOX 260  
STEINHATCHEE FL 32359

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 **59-2987897**

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

**COOEY, JULIUS**  
**PALM AVENUE**  
**STEINHATCHEE FL**

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 '0

TITLE ☐ Delete  
NAME **COOEY, JULIUS**  
STREET ADDRESS **P.O. BOX 260 N/A JULIUS AVE.**  
CITY-ST-ZIP **STEINHATCHEE FL**

TITLE ☐ Change ☒ Addition  
NAME **Vice President**  
STREET ADDRESS **Pat Johnson**  
CITY-ST-ZIP **P.O. Box 724**  
**Steinhatchee FL 32359**

TITLE ☒ Delete  
NAME **COOEY, MARY**  
STREET ADDRESS **P.O. BOX 260 N/A JULIUS AVE.**  
CITY-ST-ZIP **STEINHATCHEE FL**

TITLE ☐ Change ☒ Addition  
NAME **Treasurer**  
STREET ADDRESS **Alexia Dasher**  
CITY-ST-ZIP **P.O. Box 66**  
**Steinhatchee FL 32359**

TITLE ☒ Delete  
NAME **FOSTER, JAMES**  
STREET ADDRESS **P.O. BOX 840 N/A 10TH ST & CENTRAL AVE.**  
CITY-ST-ZIP **STEINHATCHEE FL**

TITLE ☐ Change ☒ Addition  
NAME **Secretary**  
STREET ADDRESS **Tommy Hughes**  
CITY-ST-ZIP **P.O. Box 576**  
**Steinhatchee FL 32359**

TITLE ☐ Delete  
NAME **PAYNE, LARRY**  
STREET ADDRESS **PO BOX 658**  
CITY-ST-ZIP **STEINHATCHEE FL 32359**

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

TITLE ☐ Delete  
NAME **TOMMY HUGHES**  
STREET ADDRESS **P.O. BOX 576**  
CITY-ST-ZIP **STEINHATCHEE, FL 32359**

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 19.07(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Tommy Hughes* **Tommy Hughes Secretary** 1-25-02 352-4982483

CR2E037 (9/01)