

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 16, 2001 8:00 am  
Secretary of State

02-16-2001 90017 018 \*\*\*\*61.25

7/2/0100

DOCUMENT # N45603

1. Entity Name

SUGAR BEACH SERTOMA, INC.

Principal Place of Business

P.O. BOX 4384  
FORT WALTON BEACH FL 32549

Mailing Address

P.O. BOX 4384  
FORT WALTON BEACH FL 32549

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

59-2956758

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

VANBERGEN, JEAN  
2809 BEN HOGAN COURT  
SHALIMAR FL 32579

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

applicable.

(NOTE: Registered Agent signat

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 BROWN, GRACE  
STREET ADDRESS 309 BRIARWOOD CIRCLE  
CITY-ST-ZIP FT WALTON BEACH FL 32547

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

TITLE CD ☐ Delete  
NAME TYNER, SUZANNE  
STREET ADDRESS 116 DEVILLE DR  
CITY-ST-ZIP MARY ESTHER FL 32569

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

TITLE D ☐ Delete  
NAME HUSON, ROGER  
STREET ADDRESS 33 MAPLE AVE  
CITY-ST-ZIP SHALIMAR FL 32579

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

TITLE VP ☐ Delete  
NAME SPENCER, HELEN  
STREET ADDRESS 304 NW OAKLAND CIRCLE D  
CITY-ST-ZIP FORT WALTON BEACH FL 32548

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

TITLE ☐ Delete  
NAME Jean Van Bergen  
STREET ADDRESS 2809 Ben Hogan Court  
CITY-ST-ZIP Shalimar, FL 32579

TITLE ☐ Change ☒ Addition  
NAME Jean Van Bergen  
STREET ADDRESS 2809 Ben Hogan Court  
CITY-ST-ZIP Shalimar, FL 32579

TITLE ☒ Delete  
NAME Edna Henson  
STREET ADDRESS 45 Memorial Parkway,  
CITY-ST-ZIP Ft. Walton Beach, FL 32548

TITLE ☐ Change ☒ Addition  
NAME Edna Henson  
STREET ADDRESS 45 Memorial Parkway  
CITY-ST-ZIP Ft. Walton Beach, FL 32548

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

Treasurer Jean Van Bergen 01/31/01 850-651-1669

Date

Daytime Phone #

CR2E037 (10/00)