

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2002 8:00 am
Secretary of State

02-18-2002 90149 050 ****61.25

000749

DOCUMENT # N45603

1. Entity Name

SUGAR BEACH SERTOMA, INC.

Principal Place of Business

Mailing Address

P.O. BOX 4384
 FORT WALTON BEACH FL 32549

P.O. BOX 4384
 FORT WALTON BEACH FL 32549

00026801



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2956758

Applied For

Not Applicable

Zip

Country

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

VANBERGEN, JEAN V
 2809 BEN HOGAN COURT
 SHALIMAR FL 32579

(Address
 Change)

Name **JEAN VAN BERGEN**
 Street Address (P.O. Box Number is Not Acceptable) **1501 N. PARTIN DR.**
UNIT 125
 City **NICEVILLE** FL **32578**

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

Jean Van Bergen *Jean Van Bergen*

01-30-02

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

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

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

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

TITLE ☐ Delete
 NAME **VP 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 **T VAN BERGAN, JEAN**
 STREET ADDRESS **2809 BEN HOGAN COURT**
 CITY-ST-ZIP **SHALIMAR FL 32579**

TITLE ☒ Change ☐ Addition
 NAME **Van Bergen, Jean**
 STREET ADDRESS **1501 N. Partin Dr., Unit 125**
 CITY-ST-ZIP **Niceville, FL 32578**

TITLE ☐ Delete
 NAME **D HENSON, EDNA**
 STREET ADDRESS **45 MEMORIAL PARKWAY**
 CITY-ST-ZIP **FORT WALTON BEACH FL 32548**

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:

Jean Van Bergen **01-30-02**
850-729-1738

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)