

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 28, 2003 8:00 am
Secretary of State

07-28-2003 90142 025 ****61.25

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**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VANBERGEN, JEAN V
1501 N PARTIN DR
UNIT 125
NICEVILLE FL 32578

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. I am familiar with, and accept the obligations of registered agent.

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
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida 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 **CD** ☒ Change ☐ Addition
NAME **CD**
STREET ADDRESS **CD**
CITY-ST-ZIP **CD**

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

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

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

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

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

TITLE **T** ☐ Delete
NAME **VAN BERGAN, JEAN**
STREET ADDRESS **1501 N. PARTIN DR UNIT 125**
CITY-ST-ZIP **NICEVILLE FL 32578**

TITLE ☐ Change ☐ Addition
NAME **Last name is spelled**
STREET ADDRESS **VAN BERGEN**
CITY-ST-ZIP **VAN BERGEN**

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

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
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:

Signature Required

07-26-03 850-729-1738

CR2E037 (4/03)