

2000 UNIFORM BUSINESS REPORT (UBR)

5/2

FILED

May 22, 2000 8:00 am
Secretary of State

05-02-2000 90064 040 ****61.25

DOCUMENT # N49123

1. Entity Name

SAN PEDRO BAY PROPERTY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2791 E MARY LUE ST
INVERNESS FL 34453

2791 E MARY LUE ST
INVERNESS FL 34453-9535
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

59-3165355

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

SOJKA, LINDA J
2791 E MARY LUE ST
INVERNESS FL 34453

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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

~~RD~~
~~COPELAND, WALTER T~~ ☒ Delete
~~1830 SEVILLE BLVD., #112~~
~~ATLANTIC BEACH FL 32823~~

VPO ☐ Delete
GREEN, ED
PO BOX 771 N/A
WEBSTER FL 33597

STD ☐ Delete
SOJKA, LINDA J.
2791 E. MARY LUE ST.
INVERNESS FL

☐ Delete

☐ Delete

☐ Delete

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

DIRECTOR ☐ Change ☒ Addition
ROE, MICHAEL
4241 BENCHMARK TRACE
TALLAHASSEE, FL 32311

ACTING PRES/Sec. TREAS. ☒ Change ☐ Addition
SOJKA, LINDA J.
2791 E MARY LUE ST.
INVERNESS, FL 34453

DIRECTOR ☐ Change ☒ Addition
SUMNER, KENNETH
553 SILVER COURSE CIR.
OCALA, FL 34472

☐ Change ☐ Addition

☐ 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:

Linda J. Sojka

4/25/00

352-860-0879

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (9/99)