

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N49123

1. Entity Name

SAN PEDRO BAY PROPERTY ASSOCIATION, INC.

FILED

May 28, 2002 8:00 am  
Secretary of State

05-28-2002 91789 030 \*\*\*\*61.25

Principal Place of Business

2791 E MARYLUE ST  
INVERNESS FL 34453  
US

Mailing Address

2791 E MARY LUE ST  
INVERNESS FL 34453  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ~~ROE, MICHAEL~~ ☒ Delete  
NAME  
STREET ADDRESS 4241 BENCHMARK TR.  
CITY-ST-ZIP TALLAHASSEE FL 32311

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

TITLE VPD ☐ Delete  
NAME GREEN, ED  
STREET ADDRESS PO BOX 771 N/A  
CITY-ST-ZIP WEBSTER FL 33397

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS RT 1 BOX 553  
CITY-ST-ZIP MADISON, FL 32340

TITLE STD ☐ Delete  
NAME SOJKA, LINDA J.  
STREET ADDRESS 2791 E. MARY LUE ST.  
CITY-ST-ZIP INVERNESS FL

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

TITLE RD ☒ Delete  
NAME LEE, MARSHALL  
STREET ADDRESS PO BOX 334  
CITY-ST-ZIP GOULDS FL 33170

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

TITLE ~~ROE, MICHAEL~~ ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DIRECTOR ☐ Change ☒ Addition  
NAME ZIEGLER, GARY  
STREET ADDRESS 161 ARTIST AVE  
CITY-ST-ZIP ENGLEWOOD, FL 34233

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (9/01)