

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 22, 2000 8:00 am
Secretary of State

05-22-2000 90038 016 ****61.25

DOCUMENT # N93000001593

1. Entity Name

SUGAR CREEK HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

**4110 S FLORIDA AVE
LAKELAND FL 33813**

Mailing Address

**4110 S FLORIDA AVE
LAKELAND FL 33813-1674**

2. Principal Place of Business

3903 Creek Woods Dr

Suite, Apt. #, etc.

3. Mailing Address

3903 Creek Woods Dr

Suite, Apt. #, etc.

City & State

Plant City, FL

City & State

Plant City, FL

4. FEI Number

59-3230443

Applied For

Not Applicable

Zip

Country

33567

Zip

Country

33567

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**STEPHENS, D K
4110 S FLORIDA AVE
LAKELAND FL 33813**

7. Name and Address of New Registered Agent

Name

Clark W. Smith

Street Address (P.O. Box Number is Not Acceptable)

3903 Creek Woods Dr.

City

Plant City, FL

FL

Zip Code

33567

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]

President

4/28/00

(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 **D** ☒ Delete
NAME **ADAMS, ROBERT J.**
STREET ADDRESS **4110 SOUTH FLORIDA AVENUE**
CITY-ST-ZIP **LAKELAND FL**

TITLE **VD** ☒ Delete
NAME **TODD, M A**
STREET ADDRESS **4110 S FLORIDA AVE**
CITY-ST-ZIP **LAKELAND FL**

TITLE **STD** ☒ Delete
NAME **STEPHENS, DONALD K.**
STREET ADDRESS **4110 S FLORIDA AVE**
CITY-ST-ZIP **LAKELAND FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **President** ☒ Change ☐ Addition
NAME **Clark W. Smith**
STREET ADDRESS **3903 Creek Woods Dr.**
CITY-ST-ZIP **Plant City, FL 33567**

TITLE **Vice-President** ☒ Change ☐ Addition
NAME **Mike Anderson**
STREET ADDRESS **3906 Creek Woods Dr**
CITY-ST-ZIP **Plant City, FL 33567**

TITLE **Secretary** ☒ Change ☐ Addition
NAME **Deborah Askew**
STREET ADDRESS **3901 Creek Woods Dr**
CITY-ST-ZIP **Plant City, FL 33567**

TITLE **Treasurer** ☐ Change ☒ Addition
NAME **Ken Gaddis**
STREET ADDRESS **3931 Creek Woods Dr**
CITY-ST-ZIP **Plant City, FL 33567**

TITLE **Asst. Treasurer** ☐ Change ☒ Addition
NAME **Leroy Buxton**
STREET ADDRESS **3935 Creek Woods Dr**
CITY-ST-ZIP **Plant City, FL 33567**

TITLE **Director** ☐ Change ☒ Addition
NAME **Dan Graham**
STREET ADDRESS **3909 Creek Woods Dr**
CITY-ST-ZIP **Plant City, FL 33567**

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Clark W. Smith

4/28/00

(813) 752-4266

Date

Daytime Phone #

N93000001593

101951

D - Richard Kreck

3942 Creek Woods Dr

Plant City, FL 33567

D. Brad Smrstick

3933 Creek Woods Dr

Plant City, FL 33567

D - William Jeffries

3945 Creek Woods Dr

Plant City, FL 33567