

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #N930000015 93

1. Entity Name
Sugar creek Home owners Association

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90059 033 ****61.25

Principal Place of Business
3903 Creek Woods Dr
Plant City, FL 33567

Mailing Address
3903 Creek Woods Dr
Plant City, FL 33567

00056318

DO NOT WRITE IN THIS SPACE

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
33567

Country
USA

Zip
33567

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Clark W. Smith
3903 Creek Woods Dr.
Plant City, FL 33567

7. Name and Address of New Registered Agent

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  President 5/1/01

(NOTE: Registered Agent signature required when reinstating)

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 | Secretary Deborah Askew 3901 Creek Woods Dr Plant City, FL 33567 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Treasurer Ken Gaddis 3931 Creek Woods Dr. Plant City, FL 33567 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Asst. Treasurer Larry Burton 3935 Creek Woods Dr Plant City, FL 33567 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Treasurer Dan Graham 3909 Creek Woods Dr Plant City, FL 33567 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Secretary Bradly Landis 3917 Creek Woods Dr Plant City, FL 33567 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director Monte Engle 39137 Creek Woods Dr Plant City, FL 33567 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director Chris Hady 3940 Creek Woods Dr Plant City, FL 33567 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> 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:  Clark W. Smith 4/30/01 (813) 752-4266

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/00)