

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90711 035 ****61.25

DOCUMENT # N93000001593

1. Entity Name

SUGAR CREEK HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**3903 CREEKWOODS DR
 PLANT CITY FL 33567**

**3903 CREEKWOODS DR
 PLANT CITY FL 33567**

2. Principal Place of Business

3937 CREEKWOODS DR.

3. Mailing Address

3937 CREEKWOODS DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PLANT CITY, FL

City & State

PLANT CITY, FL

Zip

33567

Country

USA

Zip

33567

Country

USA

4. FEI Number

59-3230443

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

**SMITH, CLARK W
 3903 CREEKWOODS DR
 PLANT CITY FL 33567**

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 **T** ☒ Delete
 NAME **GRAHAM, DAN**
 STREET ADDRESS **3903 CREEKWOODS DR**
 CITY-ST-ZIP **PLANT CITY FL 33567**

TITLE **S** ☐ Delete
 NAME **LANDIS, BRADLY**
 STREET ADDRESS **3917 CREEKWOODS DR**
 CITY-ST-ZIP **PLANT CITY FL 33567**

TITLE **D** ☒ Delete
 NAME **ENGLE, MONTE**
 STREET ADDRESS **2437 CREEKWOODS DR**
 CITY-ST-ZIP **PLANT CITY FL 33567**

TITLE **D** ☒ Delete
 NAME **HADY, CHRIS**
 STREET ADDRESS **3940 CREEKWOODS DR**
 CITY-ST-ZIP **PLANT CITY FL 33567**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TREASURER** ☒ Change ☐ Addition
 NAME **THOMAS M. ENGEL**
 STREET ADDRESS **3937 CREEKWOODS DR.**
 CITY-ST-ZIP **PLANT CITY, FL 33567**

TITLE **DIRECTOR** ☐ Change ☒ Addition
 NAME **CATHERINE BUXTON**
 STREET ADDRESS **3935 CREEKWOODS DR.**
 CITY-ST-ZIP **PLANT CITY, FL 33567**

TITLE **DIRECTOR** ☐ Change ☒ Addition
 NAME **BRENDA COLEMAN**
 STREET ADDRESS **3938 CREEKWOODS DR.**
 CITY-ST-ZIP **PLANT CITY, FL 33567**

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

TITLE ☐ Change ☐ Addition
 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 **THOMAS M. ENGEL** **5/13/02** **813-917-4986**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)