

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000005974

1. Entity Name

ALLAPATTAH PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

9425 CARLTON ROAD
FT. PIERCE FL 34988

P O BOX 700
BELLE GLADE FL 33430

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

59-0997090

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

LAVERGNE, TERREL J
P O BOX 700
205 SW 1ST STREET
BELLE GLADE FL 33430

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WEBMAN, JEFF
6625 SANTONA ROAD
CORAL GABLES FL 33146 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WEBMAN, JEFF
105 FOX VALLEY COURT
LONGWOOD, FL 32779 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LEE, GARY
P.O. BOX 3967 N/A
KISSIMMEE FL 32741 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LEE, GARY
P.O. BOX 3967 N/A
KISSIMMEE FL 32741 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
KERR, ROBERT
P.O. BOX 708 N/A
BELLE GLADE FL 33430 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
KERR, ROBERT
HWY 17 & HWY 92
DAVENPORT, FL ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
WILLIAMS, STEVE
P.O. BOX 730 N/A
BELLE GLADE FL 33430 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
WILLIAMS, STEVE
P.O. BOX 730 N/A
BELLE GLADE FL 33430 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LAVERGNE, TERREL J
205 SW 1ST STREET
BELLE GLADE FL 33430 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LAVERGNE, TERREL J
205 SW 1ST STREET
BELLE GLADE FL 33430 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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:

SIGNATURE REQUIRED Steven L. Williams

561-996-6262

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0075706

CR2E037 (9/01)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90672 048 *****70.00



DO NOT WRITE IN THIS SPACE