2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State
03-20-2000 90131 012 ****61.25

DOCUMENT # N96000001064

1. Entity Name

SWEETBRIAR HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
9471 BAYMEADOWS ROAD STE 404 JACKSONVILLE FL 32256 US	9471 BAYMEADOWS ROAD STE 404 JACKSONVILLE FL 32256-7937 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
920 Third Street	920 Third Street
Suite, Apt. #, etc.: Suite B	Suite, Apt. #, etc.: Suite B
City & State: Neptune Beach, FL	City & State: Neptune Beach, FL
Zip: 32266 Country: USA	Zip: 32266 Country: USA

4. FEI Number: 59-3367650 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WALLACE, L. DENISE
9471 BAYMEADOWS ROAD
STE 404
JACKSONVILLE FL 32256

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable): 920 Third Street
Suite B

City: Neptune Beach, FL **FL** Zip Code: 32266

6. 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: Wallace, L. Denise
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 WOOD, JAMES R 1730 KINGSLEY AVE ORANGE PARK FL 32073	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition	XX 4729 Hwy 17 South, Suite 204 Orange Park, Florida 32073
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STOKES, E C JR 9551-4 BAYMEADOWS RD JACKSONVILLE FL 32256	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEIGH, SANDY JR. 9471 BAYMEADOWS ROAD #403 JACKSONVILLE FL 32256	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition	XX 4729 Hwy 17 South, Suite 204 Orange Park, FL 32073
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition	
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CR2E037 (9/99)

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: Sandy Leigh REQUIRED 1/12/2000 904 2646553
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #