

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000001830

1. Entity Name

BIG SCRUB COMMUNITY ASSOCIATION INC.

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90110 044 \*\*\*\*70.00

Principal Place of Business

Mailing Address

20290 S.E. 142ND PLACE  
UMATILLA FL 32784

20290 S.E. 142ND PLACE  
UMATILLA FL 32784

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3377326

Applied For

Not Applicable

Zip

Country

Zip

Country

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, CINDY  
20290 S.E. 142ND PLACE  
UMATILLA FL 32784

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

TITLE	DC	<input type="checkbox"/> Delete
NAME	SMITH, CINDY	
STREET ADDRESS	20290 S.E. 142ND PLACE	
CITY-ST-ZIP	UMATILLA FL 32784	
TITLE	DVC	<input type="checkbox"/> Delete
NAME	SMITH, TRACY	
STREET ADDRESS	14219 S.E. 203RD	
CITY-ST-ZIP	UMATILLA FL 32784	
TITLE	D	<input type="checkbox"/> Delete
NAME	MATHIS, MYRIAM	
STREET ADDRESS	POST OFFICE BOX 978 N/A	
CITY-ST-ZIP	WEIRSDALE FL 32195	
TITLE	DT	<input type="checkbox"/> Delete
NAME	RIETZ, RONALD	
STREET ADDRESS	20393 SE 140TH ST	
CITY-ST-ZIP	UMATILLA FL 32784	
TITLE	DS	<input type="checkbox"/> Delete
NAME	WILEY, MELINDA	
STREET ADDRESS	15333 HWY 25	
CITY-ST-ZIP	WEIRSDALE FL 32195	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILEY, MELINDA	
STREET ADDRESS	15333 HWY 25	
CITY-ST-ZIP	WEIRSDALE FL 32195	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)