

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90182 003 ****61.25

0097006

DOCUMENT # N96000003447

1. Entity Name

SATEKE VILLAGE UTILITIES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**PO BOX 3431
DUNNELLON FL 34430**

**PO BOX 3431
DUNNELLON FL 34430**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3397247

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

**S. RAY GILL, P.A.
613 S.E. FT. KING ST.
OCALA FL 34471**

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	P	☐ Delete
NAME	WATKINS, GRIFFIN	
STREET ADDRESS	9241 SW 99 LN	
CITY-ST-ZIP	DUNNELLON FL 34432	
TITLE	VP	☐ Delete
NAME	SIEGFRIED, THOR	
STREET ADDRESS	18337 SW 102 ST RD	
CITY-ST-ZIP	DUNNELLON FL 34432	
TITLE	ST	☐ Delete
NAME	CASSAN, HERBERT A	
STREET ADDRESS	10021 SW 182ND CT	
CITY-ST-ZIP	DUNNELLON FL 34432	
TITLE	D	☐ Delete
NAME	SWACK, JOHN	
STREET ADDRESS	10042 SOUTHWEST 182ND CIRCLE	
CITY-ST-ZIP	DUNNELLON FL 34432	
TITLE	D	☐ Delete
NAME	WELCH, TOM	
STREET ADDRESS	10083 SOUTHWEST 182ND CIRCLE	
CITY-ST-ZIP	DUNNELLON FL 34432	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☒ Change ☐ Addition
NAME	DECEASED	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	☒ Change ☐ Addition
NAME	SIEGFRIED THOR	
STREET ADDRESS	18337 SW 102ND ST. RD.	
CITY-ST-ZIP	DUNNELLON, FL. 34432	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	☐ Change ☒ Addition
NAME	ROSS, ART	
STREET ADDRESS	18278 SW 99TH LANE	
CITY-ST-ZIP	DUNNELLON, FL. 34432	

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 18 2002-352-489-0609

Date

Daytime Phone #

CR2E037 (9/01)