

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001160

1. Entity Name

F. K. MITCHELL SUBDIVISION HOMEOWNERS' ASSOCIATI

Principal Place of Business

Mailing Address

1205 HILL ST  
NEW SMYRNA BEACH FL 32169

1205 HILL ST  
NEW SMYRNA BEACH FL 32169-3003

2. Principal Place of Business

3. Mailing Address

101 YELKA TERRACE

P.O. BOX 370

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE A

NEW SMYRNA BE

City & State

City & State

EDGEWATER FL

NEW SMYRNA BEACH, FL

Zip

Country

Zip

Country

32132

32170

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MITCHELL, STEWART B  
1205 HILL ST  
NEW SMYRNA BEACH FL 32169

Name

Street Address (P.O. Box Number is Not Acceptable)

1120 POINTE NEWPORT TERRACE #102

City

CASSELBERRY

FL

Zip Code

32707

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 PD  
NAME MITCHELL, FRITZ K  
STREET ADDRESS 2214 COVENTRY AVE  
CITY-ST-ZIP LAKELAND FL 33803 ☐ Delete

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

TITLE VSTD  
NAME MITCHELL, STEWART B  
STREET ADDRESS 308 FLAGLER AVE  
CITY-ST-ZIP NEW SMYRNA BEACH FL 32169 ☐ Delete

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

TITLE D  
NAME GILLESPIE, W M  
STREET ADDRESS 610 N PENINSULA DR  
CITY-ST-ZIP NEW SMYRNA BEACH FL 32169 ☐ Delete

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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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:

Stewart B Mitchell  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/2000 (904) 428-9381  
Date Daytime Phone #

FILED  
May 17, 2000 8:00 am  
Secretary of State

05-17-2000 90936 017 \*\*\*\*61.50



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1648656 ☐ Applied For  
Not Applicable

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

CR2E037 (9/99)