

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001693

1. Entity Name

SYLVANIA HEIGHTS COMMUNITY CENTER, INC.

**FILED**  
**Jul 26, 2000 8:00 am**  
**Secretary of State**

07-26-2000 90003 028 \*\*\*\*61.25

Principal Place of Business

Mailing Address

210 CYPRESS STREET  
FORT WALTON BEACH FL 32548

909 LOWERY DRIVE  
FT. WALTON BEACH FL 32547-3024

2. Principal Place of Business

3. Mailing Address

210 Cypress St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Ft Walton Bch FL

4. FEI Number

59-343 APPLIED FOR 7777

Applied For

Not Applicable

Zip

Country

Zip

Country

32548

USA

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

MORRIS, RONNIE A  
909 LOWERY DRIVE  
FORT WALTON BEACH FL 32547

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 PD ☐ Delete  
NAME MORRIS, RONNIE A  
STREET ADDRESS 909 LOWERY DRIVE  
CITY-ST-ZIP FT. WALTON BEACH FL 32547

TITLE DT ☐ Change ☒ Addition  
NAME Hough, Alice  
STREET ADDRESS 324 Sims  
CITY-ST-ZIP Ft Walton Bch, FL 32548

TITLE VPD ☐ Delete  
NAME MCCOY, STEPHANIE  
STREET ADDRESS 300 TIMBERLAKE DRIVE  
CITY-ST-ZIP MARY ESTHER FL 32569

TITLE DS ☐ Change ☒ Addition  
NAME GWYN, JIM  
STREET ADDRESS 405 NW Oakland Cir  
CITY-ST-ZIP Ft Walton Bch FL 32548

TITLE D ☒ Delete  
NAME WOODS, ERNESTINE  
STREET ADDRESS 625 LOVEJOY ROAD  
CITY-ST-ZIP FT. WALTON BEACH FL 32548

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

TITLE D ☒ Delete  
NAME GREEN, VIVIAN  
STREET ADDRESS 242 ECHO DRIVE  
CITY-ST-ZIP FT. WALTON BEACH FL 32548

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: RONNIE A MORRIS 1 JUN 2000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #