

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001693

1. Entity Name

SYLVANIA HEIGHTS COMMUNITY CENTER, INC.

Principal Place of Business

210 CYPRESS STREET
FORT WALTON BEACH FL 32548

Mailing Address

210 CYPRESS STREET
FORT WALTON BEACH FL 32548

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3437777

Applied For

Not Applicable

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

PD MORRIS, RONNIE A
909 LOWERY DRIVE
FT. WALTON BEACH FL 32547

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

VPD MCCOY, STEPHANIE
300 TIMBERLAKE DRIVE
MARY ESTHER FL 32569

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ Delete

D WOODS, ERNESTINE
625 LOVEJOY ROAD
FT. WALTON BEACH FL 32548

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ Delete

D GREEN, VIVIAN
242 ECHO DRIVE
FT. WALTON BEACH FL 32548

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

DT HOUGH, ALICE
324 SIMS
FORT WALTON BEACH FL 32548

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

DS GWYN, JIM
405 NW OAKLAND CIR
FORT WALTON BEACH FL 32548

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

D Simone T Morris
8 3rd St
Fort Walton Bch FL 32548

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

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

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

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

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

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 MORRIS

21 Jul 2001 (650) 244-5588

FILED
Sep 05, 2001 8:00 am
Secretary of State

09-05-2001 90007 001 ****61.25

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DO NOT WRITE IN THIS SPACE

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