

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004290

1. Entity Name

DEHART CONDOMINIUM OWNERS ASSOCIATION, INC.

FILED
Jun 27, 2000 8:00 am
Secretary of State

05-16-2000 90165 030 ****61.25

Principal Place of Business

Mailing Address

2000 AGORA CIRCLE
UNIT 2
PALM BAY FL 32909
US

2000 AGORA CIRCLE
UNIT 2
PALM BAY FL 32909-3948
US

100400

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

APPLIED FOR

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

STAGGS, JAMES SR
2000 AGORA CIRCLE
UNIT 2
PALM BAY FL 32909

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

James R. Staggs Sr. (President)
Signature, typed or printed name of registered agent and its representative. (NOTE: Registered Agent signature required when reinitiating)

4-25-00

DATE

FILE NOW:
FEE IS \$81.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
MILLER, JESSICA
2000 AGORA CIRCLE, #2
PALM BAY FL 32909 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
STAGGS, JAMES
2000 AGORA CIRCLE, #2
PALM BAY FL 32909 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
VAUGHN, JACKSON
2000 AGORA CIRCLE, #2
PALM BAY FL 32909 ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James R. Staggs Sr.
Date: 6/20/00 Daytime Phone #: 1-321 676 2436