

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2002 8:00 am**  
**Secretary of State**

04-24-2002 90259 001 \*\*\*\*61.25

**DOCUMENT # N98000004094**

1. Entity Name

**SPANISH PLAINES PROPERTY OWNERS ASSOCIATION, INC**

Principal Place of Business

Mailing Address

**1100 MAIN STREET  
 LADY LAKE FL 32159**

**1400 US HWY 441 NORTH  
 STE 500  
 THE VILLAGE FL 32159**

2. Principal Place of Business

**1451 EL CAMINO REAL**

3. Mailing Address

**1451 EL CAMINO REAL**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**ACCOUNTS PAYABLE**

City & State

**THE VILLAGES, FL**

City & State

**THE VILLAGES, FL**

4. FEI Number

**59-3530366**

Applied For

Not Applicable

Zip

**32159**

Country

**USA**

Zip

**32159**

Country

**USA**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MORSE, MARK G  
 1100 MAIN STREET  
 LADY LAKE FL 32159**

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	DP	<input type="checkbox"/> Delete
NAME	UPTON, TERRY	
STREET ADDRESS	1400 US HWY 441 NORTH, STE 500	
CITY-ST-ZIP	THE VILLAGE FL 32159	
TITLE	DV	<input type="checkbox"/> Delete
NAME	GRANT, JOHN R	
STREET ADDRESS	1100 MAIN STREET	
CITY-ST-ZIP	LADY LAKE FL 32159	
TITLE	DV	<input type="checkbox"/> Delete
NAME	DZURO, MARTIN L	
STREET ADDRESS	1100 MAIN STREET	
CITY-ST-ZIP	LADY LAKE FL 32159	
TITLE	DTS	<input type="checkbox"/> Delete
NAME	MATHEWS, D W	
STREET ADDRESS	1100 MAIN STREET	
CITY-ST-ZIP	LADY LAKE FL 32159	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Terry R. Upton* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/12/02**

Date

Daytime Phone #

CR2E037 (9/01)