

# 2002 UNIFORM BUSINESS REPORT (UBR)

5/1

**FILED**  
**Jun 03, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90211 028 \*\*\*\*61.25

**DOCUMENT # N98000005575**

1. Entity Name

**COUNTRY CROSSINGS AT SPRING RIDGE PROPERTY OWNER  
 S ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

2180 WEST SR. 434. #5000  
 LONGWOOD FL 32779-5044

2180 WEST SR. 434. #5000  
 LONGWOOD FL 32779-5044

90910

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

**59-3612584**

Applied For

Not Applicable

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

Name

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

City

**FL**

Zip Code

**HART, JAMES W JR.  
 SENTRY MANAGEMENT INC.  
 2180 W. SR 434, STE. 5000  
 LONGWOOD FL 32779**

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 resigning)

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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**D  
 THOMPSON, CHARLES A  
 1400 POINSETTIA AVE.  
 ORLANDO FL 32804**

☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**D  
 HOWELL, WILLIAM R II  
 3626 RICHMOND ST.  
 JACKSONVILLE FL 32205**

☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**D  
 O'DOWD, STEPHEN  
 805 E. ROBINSON ST., STE. 750  
 ORLANDO FL 32801**

☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**D  
 CLARENCE F. FRAISER  
 1548 LANCASTER TERR  
 JACKSONVILLE, FL 32204**

☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**D  
 MICKEY GRINDSTAFF  
 1548 LANCASTER TERR  
 JACKSONVILLE, FL 32204**

☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**D  
 MAX-SUTER  
 1548 LANCASTER TERR  
 JACKSONVILLE FL 32204**

☐ 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)