

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90048 023 ****61.25

DOCUMENT # N98000005778

1. Entity Name

SUBURBAN ESTATES PRESERVATION ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 701303
 ST. CLOUD FL 34770-1303

P.O. BOX 701303
 ST. CLOUD FL 34770-1303

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3567441

Applied For

Not Applicable

Zip

Country

Zip

Country

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

JONES, RANDY C
2311 UNDERWOOD AVENUE
ST. CLOUD FL 34771

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

Randy C. Jones President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-17-00

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 Delete
 NAME **D HERDON, DORIS**
 STREET ADDRESS **3790 NEW HAVEN AV**
 CITY-ST-ZIP **W MELBOURNE FL 32904**

TITLE Change Addition
 NAME **RD JONES RANDY**
 STREET ADDRESS **2311 UNDERWOOD AVE**
 CITY-ST-ZIP **ST. CLOUD FL 34771**

TITLE Delete
 NAME **D SISSON, CHRIS**
 STREET ADDRESS **666 CALIFORNIA AV**
 CITY-ST-ZIP **OCOEEE FL 34781**

TITLE Change Addition
 NAME **VP JARCI TERRY**
 STREET ADDRESS **5140N. APOPKA-VINCLAD RD**
 CITY-ST-ZIP **ORLANDO, FL 32818**

TITLE Delete
 NAME **D GRISSOM, ROD**
 STREET ADDRESS **5508 8 MILE RD**
 CITY-ST-ZIP **ST. CLOUD FL 34773**

TITLE Change Addition
 NAME **D SMITH, JOHN**
 STREET ADDRESS **900 COLLESON AVE**
 CITY-ST-ZIP **ST. CLOUD FL 34769**

TITLE Delete
 NAME **TD YARBOROUGH, DEANNA**
 STREET ADDRESS **590 E 10TH STREET**
 CITY-ST-ZIP **ST. CLOUD FL 34769**

TITLE Change Addition
 NAME **D WITHERINGTON CHARLES**
 STREET ADDRESS **2545 N. CHARLOSSEE RD**
 CITY-ST-ZIP **ST. CLOUD, FL 34771**

TITLE Delete
 NAME **D HARDY, JACK**
 STREET ADDRESS **175 GLEN ESTATE BLVD**
 CITY-ST-ZIP **HAINES CITY FL 33844**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D VERSPRILL, VAL**
 STREET ADDRESS **707 S OXALIS AVE**
 CITY-ST-ZIP **ORLANDO FL 32807**

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:

Randy C. Jones President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-00

Date

Daytime Phone #

CFR2E037 (9/99)