

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005778

1. Entity Name

SUBURBAN ESTATES PRESERVATION ASSOCIATION, INC.

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

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

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	D	<input type="checkbox"/> Delete
NAME	HERDON, DORIS	
STREET ADDRESS	3790 NEW HAVEN AV	
CITY-ST-ZIP	W MELBOURNE FL 32904	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SISSON, CHRIS	
STREET ADDRESS	666 CALIFORNIA AV	
CITY-ST-ZIP	OCFEE FL 34761	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GRISSOM, ROD	
STREET ADDRESS	5508 8 MILE RD	
CITY-ST-ZIP	ST. CLOUD FL 34773	
TITLE	TD	<input type="checkbox"/> Delete
NAME	YARBOROUGH, DEANNA	
STREET ADDRESS	590 E 10TH STREET	
CITY-ST-ZIP	ST. CLOUD FL 34769	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARDY, JACK	
STREET ADDRESS	175 GLEN ESTATE BLVD	
CITY-ST-ZIP	HAINES CITY FL 33844	
TITLE	D	<input type="checkbox"/> Delete
NAME	VERSPRILL, VAL	
STREET ADDRESS	707 S OXALIS AVE	
CITY-ST-ZIP	ORLANDO FL 32807	

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JONES, RANDY	
STREET ADDRESS	2311 UNDERWOOD AVE	
CITY-ST-ZIP	ST. CLOUD FL 34771	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACK, JERRY	
STREET ADDRESS	5140N. APOPKA-VINLAND RD	
CITY-ST-ZIP	ORLANDO, FL 32818	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, JOHN	
STREET ADDRESS	9002 OXALIS AVE	
CITY-ST-ZIP	ST. CLOUD FL 34769	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WITHERINGTON, CHARLES	
STREET ADDRESS	2545 N. CHALOSSEE RD	
CITY-ST-ZIP	ST. CLOUD, FL 34771	
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:

Randy C. Jones President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-00

Date

Daytime Phone #

CR2E037 (9/99)