

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2001 8:00 am**  
**Secretary of State**

04-11-2001 90082 027 \*\*\*\*61.25

0082664

**DOCUMENT # N98000005778**

1. Entity Name

**SUBURBAN ESTATES PRESERVATION ASSOCIATION, INC.**

Principal Place of Business

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

Mailing Address

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

Zip

Country

Zip

Country

4. FEI Number

**59-3567441**

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

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

7. Name and Address of New Registered Agent

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

|                |                      |  |
|----------------|----------------------|--|
| 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     |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                        |  |
|----------------|------------------------|--|
| TITLE          | P.D.                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | JONES, RANDY C         |  |
| STREET ADDRESS | 2311 Underwood         |  |
| CITY-ST-ZIP    | St. Cloud FL 34771     |  |
| TITLE          | K.D.                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | CLARK, TERRY           |  |
| STREET ADDRESS | 5140 N. ADDA LA VIE RD |  |
| CITY-ST-ZIP    | ORLANDO FL 32838       |  |
| TITLE          | SD                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Witherington, J. AD    |  |
| STREET ADDRESS | 2595 N. HARDCOCK RD.   |  |
| CITY-ST-ZIP    | St. Cloud, FL 34771    |  |
| TITLE          | D                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Smith, J. AD           |  |
| STREET ADDRESS | 900 Robison Ave        |  |
| CITY-ST-ZIP    | St. Cloud FL 34769     |  |
| TITLE          | D                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Witherington, Charles  |  |
| STREET ADDRESS | 2595 N. HARDCOCK RD    |  |
| CITY-ST-ZIP    | St. Cloud FL 34771     |  |
| 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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/7/01*

Date

Daytime Phone #

CP2E037 (10/00)