

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90399 011 \*\*\*\*61.25

**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
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DUPLICATE



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number <b>59-3567441</b>		Applied For Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
<b>JONES, RANDY C</b> <b>2311 UNDERWOOD AVENUE</b> <b>ST. CLOUD FL 34771</b>				Name							
				Street Address (P.O. Box Number is Not Acceptable)							
				City				<b>FL</b>		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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	<b>D</b>	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>HERDON, DORIS</b>			NAME			
STREET ADDRESS	<b>3790 NEW HAVEN AV</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>W MELBOURNE FL 32904</b>			CITY-ST-ZIP			
TITLE	<b>PD</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>JONES, RANDYE</b>			NAME			
STREET ADDRESS	<b>2311 UNDERWOOD</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>SAINT CLOUD FL 34771</b>			CITY-ST-ZIP			
TITLE	<b>VD</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>CLARK, TERRY</b>			NAME			
STREET ADDRESS	<b>5140 N APOPKA VINELAND</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>ORLANDO FL 32818</b>			CITY-ST-ZIP			
TITLE	<b>ID</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>YARBOROUGH, DEANNA</b>			NAME			
STREET ADDRESS	<b>590 E 10TH STREET</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>ST. CLOUD FL 34769</b>			CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>HARDY, JACK</b>			NAME			
STREET ADDRESS	<b>175 GLEN ESTATE BLVD</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>HAINES CITY FL 33844</b>			CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>VERSPRILL, VAL</b>			NAME			
STREET ADDRESS	<b>707 S OXALIS AVE</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>ORLANDO FL 32807</b>			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: *[Signature]* SIGNATURE REQUIRED *2/26/02* 407 957-3196  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/01)