

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91761 042 \*\*\*\*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

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

☐ CHECK HERE IF MAKING CHANGES



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

**Deanna YARBOROUGH**

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

**590 E 10th St.**

City **St Cloud**

FL

Zip Code

**34769**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete  
NAME **JONES, RANDYE**  
STREET ADDRESS **2311 UNDERWOOD**  
CITY-ST-ZIP **SAINT CLOUD FL 34771**

TITLE **VD** ☐ Delete  
NAME **CLARK, TERRY**  
STREET ADDRESS **5140 N APOPKA VINELAND**  
CITY-ST-ZIP **ORLANDO FL 32818**

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **CD** ☒ Change ☐ Addition  
NAME **CLARK, TERRY**  
STREET ADDRESS **5140 N APOPKA VINELAND**  
CITY-ST-ZIP **ORLANDO FL 32818**

TITLE **PD** ☒ Change ☐ Addition  
NAME **Hardy, Jack**  
STREET ADDRESS **175 Glen Estate Blvd**  
CITY-ST-ZIP **HAINES CITY FL 33844**

TITLE **VD** ☐ Change ☒ Addition  
NAME **Smith, Deanna**  
STREET ADDRESS **900 RDBISSIN AVE**  
CITY-ST-ZIP **St. Cloud FL 34769**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

**SIGNATURE REQUIRED**

**4/27/03**

CR2E037 (10/02)