

**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

0059106

**DOCUMENT # N98000005778**

1. Entity Name  
**SUBURBAN ESTATES PRESERVATION ASSOCIATION, INC.**



Principal Place of Business      Mailing Address  
P.O. BOX 701303      P.O. BOX 701303  
ST. CLOUD FL 34770-1303      ST. CLOUD FL 34770-1303



CHECK HERE IF MAKING CHANGES

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

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 *Deanna Yarbrough*      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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	JONES, RANDYE	
STREET ADDRESS	2311 UNDERWOOD	
CITY-ST-ZIP	SAINT CLOUD FL 34771	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CLARK, TERRY	
STREET ADDRESS	5140 N APOPKA VINELAND	
CITY-ST-ZIP	ORLANDO FL 32818	
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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK TERRY	
STREET ADDRESS	5140 N APOPKA VINELAND	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hardy, Jack	
STREET ADDRESS	175 Glen Estate Blvd	
CITY-ST-ZIP	HAINES CITY FL 33844	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Smith, Deanna	
STREET ADDRESS	900 Rdbbissw Ave	
CITY-ST-ZIP	St. cloud FL 34769	
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: *Deanna Yarbrough*      **SIGNATURE REQUIRED**      4/27/03

CR2E037 (10/02)