

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

FILED
Jun 05, 2003 8:00 am
Secretary of State

06-05-2003 90127 013 *****70.00

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1. Entity Name

SEMINOLE MANOR RESIDENTS GROUP, INC.



Principal Place of Business

**6160 LAWRENCE RD.
LANTANA FL 33462**

Mailing Address

**6160 LAWRENCE RD.
LANTANA FL 33462**

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 **65-0878312**

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

**PUCKETT, DEBBIE
6160 LAWRENCE RD.
LANTANA FL 33462**

7. Name and Address of New Registered Agent

Name **PAT LABELLE**

Street Address (P.O. Box Number is Not Acceptable)
3814 NOWATA RD.

LANTANA, FL. 33462

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

SIGNATURE

Pat Labelle **STT**

PAT LABELLE

5/30/03

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 **DP** ☒ Delete
NAME **PUCKETT, DEBBIE**
STREET ADDRESS **6160 LAWRENCE RD.**
CITY-ST-ZIP **LANTANA FL 33462**

TITLE **DVP** ☒ Delete
NAME **HAPER, SUE**
STREET ADDRESS **3925 TUSKEGEE RD.**
CITY-ST-ZIP **LANTANA FL 33462**

TITLE **DS** ☐ Delete
NAME **LA BELLE, PAT**
STREET ADDRESS **3814 NOWATA RD.**
CITY-ST-ZIP **LANTANA FL 33462**

TITLE **DD** ☐ Delete
NAME **CHILDERS, TRISH**
STREET ADDRESS **420 CHEYENNE DR**
CITY-ST-ZIP **LANTANA FL 33462**

TITLE **DD** ☐ Delete
NAME **SCHUMACHER, DIANE**
STREET ADDRESS **5 TOPEKA RD**
CITY-ST-ZIP **LANTANA FL 33462**

TITLE **DD** ☐ Delete
NAME **VANMARTIN, DICK**
STREET ADDRESS **3949 TUSKEGEE DR**
CITY-ST-ZIP **LANTANA FL 33462**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☐ Change ☒ Addition
NAME **Sharon Rauth**
STREET ADDRESS **3931 Tuskegee Dr.**
CITY-ST-ZIP **Lantana, FL. 33462**

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

TITLE **DS/DT** ☒ Change ☐ Addition
NAME **LABELLE, PAT**
STREET ADDRESS **3814 Nowata Rd.**
CITY-ST-ZIP **Lantana, FL. 33462**

TITLE **DD** ☐ Change ☒ Addition
NAME **Stanley Taylor**
STREET ADDRESS **436 Cheyenne Dr.**
CITY-ST-ZIP **Lantana, FL 33462**

TITLE **DD** ☐ Change ☒ Addition
NAME **Marie Martinez**
STREET ADDRESS **3944 Nowata Rd.**
CITY-ST-ZIP **Lantana, FL. 33462**

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:

Pat Labelle

PAT LABELLE

5/30/03

561-650-2489

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Residence Phone #

CR2E037 (10/02)