

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N99000002247**

1. Entity Name

S E D R A INC.

Principal Place of Business

**C/O NORA K. MASK
1598 E. SILVER STAR ROAD
OCOE FL 34761**

Mailing Address

**C/O NORA K. MASK
1598 E. SILVER STAR ROAD
OCOE FL 34761**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-2580378**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MASK, NORA K
1598 E SILVER STAR RD
OCOE FL 34761**

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 **PD** ☐ Delete-
NAME **PENNINGTON, ADELE**
STREET ADDRESS **247 CEMETERY RD**
CITY-ST-ZIP **FORT MC COY FL 32134**TITLE **VPD** ☒ Delete
NAME **CLARK, CAROL**
STREET ADDRESS **PO BOX 364**
CITY-ST-ZIP **JUPITER FL 33468**TITLE **SD** ☒ Delete
NAME **BELL, CINDY**
STREET ADDRESS **RT 2 BOX 138-1**
CITY-ST-ZIP **GREENVILLE FL 32331**TITLE **TD** ☐ Delete
NAME **MASK, NORA**
STREET ADDRESS **1120 N LAKEWOOD**
CITY-ST-ZIP **OCOE FL 34761**TITLE **ASD** ☐ Delete
NAME **THOMPSON, CAROL**
STREET ADDRESS **PO BOX 302**
CITY-ST-ZIP **MIMS FL 32754**TITLE **RSD** ☐ Delete
NAME **HAWTHORNE, MARION**
STREET ADDRESS **13147 159TH ST NORTH**
CITY-ST-ZIP **JUPITER FL 33478**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VPD** ☒ Addition
NAME **GAYLE GARDNER**
STREET ADDRESS **5105 PORTER ROAD**
CITY-ST-ZIP **ST. AUGUSTINE, FL 32096**TITLE **SD** ☒ Addition
NAME **STACEY CAIN**
STREET ADDRESS **247 CEMETARY ROAD**
CITY-ST-ZIP **SALT SPRINGS, FL 32134**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

NORA K. MASK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-6-01 407/299-0301

DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

Attachment Doc# N99000002247

00009780

SEDRA Board of Directors 2000 - 2001

(additions to
Blocks 10 & 11)

D Lynnette Burks
13400 Running Water Road
Palm Beach Gardens, FL 33418

D Becky Siler
7241 County Road 561 S
Clermont, FL 34711

D Pat Thomas
2750 NE 114 Ave.
Bronson, FL 32621

D Jodie Moore
P.O. Box 424
Lecanto, FL 34461