

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002448

1. Entity Name

OLDE SUTTON OAKS OWNERS ASSOCIATION, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90094 017 ****61.25

Principal Place of Business

Mailing Address

1730 KINGSLEY AVENUE
SUITE E
ORANGE PARK FL 32073

1730 KINGSLEY AVENUE
SUITE E
ORANGE PARK FL 32073-4417

2. Principal Place of Business

4729 US HIGHWAY 17

3. Mailing Address

4729 US HIGHWAY 17

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 204

SUITE 204

City & State

City & State

ORANGE PARK, FL

ORANGE PARK, FL

Zip

Country

Zip

Country

32073

32073

4. FEI Number

59-3571099

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DUSS, JOHN S IV
10110 SAN JOSE BLVD.
JACKSONVILLE FL 32257

Name

Street Address (P.O. Box Number is Not Acceptable)
4729 US HIGHWAY 17

SUITE 204

City

ORANGE PARK

FL

Zip Code
32073

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **HOWELL, WILLIAM R**
CITY-ST-ZIP **1730 KINGSLEY AVENUE SUITE E**
ORANGE PARK FL 32073

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **4729 US HIGHWAY 17, SUITE 204**
CITY-ST-ZIP **ORANGE PARK, FL 32073**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **SPENCER, SANDRA**
CITY-ST-ZIP **1730 KINGSLEY AVENUE SUITE E**
ORANGE PARK FL 32073

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **4729 US HIGHWAY 17, SUITE 204**
CITY-ST-ZIP **ORANGE PARK, FL 32073**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **WALLACE, PATRICK**
CITY-ST-ZIP **1730 KINGSLEY AVENUE SUITE E**
ORANGE PARK FL 32073

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **4729 US HIGHWAY 17, SUITE 204**
CITY-ST-ZIP **ORANGE PARK, FL 32073**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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:

REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2-2000

Date

904
264-6553

Daytime Phone #

CR2E037 (9/99)