

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002448

1. Entity Name

OLDE SUTTON OAKS OWNERS ASSOCIATION, INC.

FILED
Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90016 007 ****61.25

Principal Place of Business

4729 US HIGHWAY 17
SUITE 204
ORANGE PARK FL 32073

Mailing Address

4729 US HIGHWAY 17
SUITE 204
ORANGE PARK FL 32073

2. Principal Place of Business

2215 E. State Rd 200

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1987

Suite, Apt. #, etc.

City & State

Yulee, FL

City & State

Yulee, FL

4. FEI Number

59-3571099

Applied For

Not Applicable

Zip

32097

Country

NASSAU

Zip

32041-1987

Country

NASSAU

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DUSS, JOHN S IV
4729 US HIGHWAY 17
SUITE 204
ORANGE PARK FL 32073

7. Name and Address of New Registered Agent

Name Terrell J. Powell

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

2215 E. State Rd 200

City

Yulee

FL

Zip Code

32097

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 of or printed name of registered agent and fee, 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 D ☐ Delete
NAME HOWELL, WILLIAM R
STREET ADDRESS 4729 US HIGHWAY 17 SUITE 204
CITY-ST-ZIP ORANGE PARK FL 32073

TITLE D ☐ Delete
NAME SPENCER, SANDRA
STREET ADDRESS 4729 US HIGHWAY 17 SUITE 204
CITY-ST-ZIP ORANGE PARK FL 32073

TITLE D ☐ Delete
NAME WALLACE, PATRICK
STREET ADDRESS 4729 US HIGHWAY 17 SUITE 204
CITY-ST-ZIP ORANGE PARK FL 32073

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
NAME
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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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/5/2001 264-6553

CR2E037 (10/00)