

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003510

1. Entity Name

SANDSPUR ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

P.O. BOX 678
PERRY FL 32348

Mailing Address

P.O. BOX 678
PERRY FL 32348

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

59-3716996

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HELM, WALTER D
301 WEST HAMPTON SPRINGS AVE
PERRY FL 32348

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

Walter D. Helm

(NOTE: Registered Agent signature required when reinstating)

DATE

4-30-02

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	NAME	HELM, WALTER	STREET ADDRESS	RT 4 BOX 681	CITY-ST-ZIP	PERRY FL 32347	<input type="checkbox"/> Delete
TITLE	D	NAME	HELM, JUDY	STREET ADDRESS	RT 4 BOX 681	CITY-ST-ZIP	PERRY FL 32347	<input type="checkbox"/> Delete
TITLE	D	NAME	HELM, BOB	STREET ADDRESS	RT 4 BOX 681	CITY-ST-ZIP	PERRY FL 32347	<input type="checkbox"/> Delete
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	NAME	Walter D. Helm	STREET ADDRESS	2995 HWY 221 NORTH	CITY-ST-ZIP	PERRY FL 32347	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	NAME	JUDY Helm	STREET ADDRESS	2995 HWY 221 NORTH	CITY-ST-ZIP	Perry, FL 32347	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	NAME	Bob Helm	STREET ADDRESS	7343 S. Red Padgett Rd	CITY-ST-ZIP	Perry, FL 32348	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Walter D. Helm

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-02

Date

850-584-6019

Daytime Phone #

FILED
Jul 02, 2002 8:00 am
Secretary of State

05-22-2002 90086 031 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)