

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004290

1. Entity Name

APACHE TRACE AND SEMINOLE SAND HOMEOWNERS ASSOCI

Principal Place of Business

3002 CHARLIE TAYLOR RD  
PLANT CITY FL 33565

Mailing Address

3002 CHARLIE TAYLOR RD  
PLANT CITY FL 33565

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

00 JUL 27 AM 8:04



DO NOT WRITE IN THIS SPACE

04-17-00 90062 033 \$61.25

4. FEI Number 59-3657359 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

FUTCH, ALVIN C  
3002 CHARLIE TAYLOR RD  
PLANT CITY FL 33565

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  
After September 13, 2000 min. will be \$236.25

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 PTD ☐ Delete  
NAME FUTCH, ALVIN C  
STREET ADDRESS 3002 CHARLIE TAYLOR RD  
CITY-ST-ZIP PLANT CITY FL 33565

TITLE VSD ☐ Delete  
NAME SPIRNOCK, RAYMOND A  
STREET ADDRESS 3002 CHARLIE TAYLOR RD  
CITY-ST-ZIP PLANT CITY FL 33565

TITLE D ☐ Delete  
NAME FUTCH, MARY JO  
STREET ADDRESS 3002 CHARLIE TAYLOR RD  
CITY-ST-ZIP PLANT CITY FL 33565

TITLE D ☐ Delete  
NAME SPIRNOCK, SHIRLEY  
STREET ADDRESS 140 S WIGGINS RD  
CITY-ST-ZIP PLANT CITY FL 33566

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  
STREET ADDRESS  
CITY-ST-ZIP

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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:

ALVIN C FUTCH 2/18/00 863-754-2118

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)