

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2001 8:00 am
Secretary of State

0057274

DOCUMENT # N99000004290

1. Entity Name

APACHE TRACE AND SEMINOLE SAND HOMEOWNERS ASSOCI

03-14-2001 90008 003 ****61.25

Principal Place of Business

Mailing Address

**3002 CHARLIE TAYLOR RD
 PLANT CITY FL 33565**

**3002 CHARLIE TAYLOR RD
 PLANT CITY FL 33565**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3657359

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

Alvin C. Futch **ALVIN C Futch**

3-8-01

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	PTD	<input type="checkbox"/> Delete
NAME	FUTCH, ALVIN C	
STREET ADDRESS	3002 CHARLIE TAYLOR RD	
CITY-ST-ZIP	PLANT CITY FL 33565	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	SPIRNOCK, RAYMOND A	
STREET ADDRESS	3002 CHARLIE TAYLOR RD	
CITY-ST-ZIP	PLANT CITY FL 33565	
TITLE	D	<input type="checkbox"/> Delete
NAME	FUTCH, MARY JO	
STREET ADDRESS	3002 CHARLIE TAYLOR RD	
CITY-ST-ZIP	PLANT CITY FL 33565	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPIRNOCK, SHIRLEY	
STREET ADDRESS	140 S WIGGINS RD	
CITY-ST-ZIP	PLANT CITY FL 33566	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 **ALVIN C Futch** **3/8/01** **813 754 2118**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)