

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

03-14-2002 90066 028 ****61.25

DOCUMENT # N99000004290

1. Entity Name

APACHE TRACE AND SEMINOLE SAND HOMEOWNERS ASSOCIATION, INC.

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

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

Name

Porter, David J

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

713 Seminole Sand Rd.

City

Plant City

FL

Zip Code **33566**

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

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

Rev. David J. Porter

Rev. David J. Porter

Feb 27, 2002

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

TITLE **PD** ☒ Change ☐ Addition
 NAME **Porter, David J**
 STREET ADDRESS **713 Seminole Sand Rd**
 CITY-ST-ZIP **Plant City, FL 33566**

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

TITLE **VD** ☒ Change ☐ Addition
 NAME **Cothron, Hayward**
 STREET ADDRESS **710 Seminole Sand Rd.**
 CITY-ST-ZIP **Plant City, FL 33566**

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

TITLE **Sr.** ☒ Change ☐ Addition
 NAME **Cothron, Gail**
 STREET ADDRESS **710 Seminole Rd.**
 CITY-ST-ZIP **Plant City, FL 33566**

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

TITLE **TD** ☒ Change ☐ Addition
 NAME **Fischer, James E.**
 STREET ADDRESS **715 Burning Arrow Pl**
 CITY-ST-ZIP **Plant City, FL 33566**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
 NAME **Santiago, Luis**
 STREET ADDRESS **701 Burning Arrow Pl**
 CITY-ST-ZIP **Plant City, FL 33566**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☒ Change ☒ Addition
 NAME **Sheffield, Solomon**
 STREET ADDRESS **714 Seminole Sand Rd**
 CITY-ST-ZIP **Plant City, FL 33566**

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.

Rev. David J. Porter

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/04/02 (813) 754-9114

CR2E037 (9/01)