

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**

23475

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



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 **Porter, David J**
 Street Address (P.O. Box Number is Not Acceptable) **713 Seminole Sand Rd.**
 City **Plant City** FL Zip Code **33566**

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

TITLE	PTD	<input checked="" type="checkbox"/> Delete
NAME	FUTCH, ALVIN C	
STREET ADDRESS	3002 CHARLIE TAYLOR RD	
CITY-ST-ZIP	PLANT CITY FL 33565	
TITLE	VSD	<input checked="" type="checkbox"/> Delete
NAME	SPIRNOCK, RAYMOND A	
STREET ADDRESS	3002 CHARLIE TAYLOR RD	
CITY-ST-ZIP	PLANT CITY FL 33565	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FUTCH, MARY JO	
STREET ADDRESS	3002 CHARLIE TAYLOR RD	
CITY-ST-ZIP	PLANT CITY FL 33565	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SPIRNOCK, SHIRLEY	
STREET ADDRESS	140 S WIGGINS RD	
CITY-ST-ZIP	PLANT CITY FL 33568	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Porter, David J	
STREET ADDRESS	713 Seminole Sand Rd	
CITY-ST-ZIP	Plant City, FL 33566	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cothron, Hayward	
STREET ADDRESS	710 Seminole Sand Rd.	
CITY-ST-ZIP	Plant City, FL 33566	
TITLE	Sr.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cothron, Gail	
STREET ADDRESS	710 Seminole Rd.	
CITY-ST-ZIP	Plant City, FL 33566	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fischer, James E.	
STREET ADDRESS	715 Burning Arrow Pl	
CITY-ST-ZIP	Plant City, FL 33566	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Santiago, Luis	
STREET ADDRESS	701 Burning Arrow Pl	
CITY-ST-ZIP	Plant City, FL 33566	
TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> 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)(f), 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: Rev. David J. Porter 04/04/02 (813) 754-9114
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)