

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90140 044 ****70.00

DOCUMENT # N99000004290

1. Entity Name

APACHE TRACE AND SEMINOLE SAND HOMEOWNERS ASSOCIATION, INC.



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

3. Mailing Address

713 Seminole Sand Rd

16703 SW 144th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
Plant City, Florida

City & State
Brooker Florida

4. FEI Number **59-3657359**

Applied For

Not Applicable

Zip
33566

Country
USA

Zip

Country
USA

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

**PORTER, DAVID J
713 SEMINOLE SAND ROAD
PLANT CITY FL 33566**

Name **Rev. David J. Porter**

Street Address (P.O. Box Number is Not Acceptable)
16703 SW 144th Ave

City **Brooker**

FL

Zip Code
32622

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Rev. David J. Porter, President / Director** **May 01, 2003**
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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD PORTER, DAVID J 713 SEMINOLE SAND ROAD PLANT CITY FL 33566	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COTHRON, HAYWARD 710 SEMINOLE SAND ROAD PLANT CITY FL 33566	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COTHRON, GAIL 710 SEMINOLE ROAD PLANT CITY FL 33566	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FISCHER, JAMES E 715 BURNING ARROW PL PLANT CITY FL 33566	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEFFIELD, SOLOMON 714 SEMINOLE SAND ROAD PLANT CITY FL 33566	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANTIAGO, LUIS 701 BURNING ARROW PL PLANT CITY FL 33566	<input type="checkbox"/> Delete

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
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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: **Rev. David J. Porter / Rev. David J. Porter** **May 01, 2003** **505-1771**
(813)

CR2E037 (10/02)