

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

0492478 AV

DOCUMENT # P00000081080

1. Entity Name

SUGARMILL WOODS COMMUNITIES, INC.

02-21-2002 90036 005 ***150.00

Principal Place of Business

**226 E. JOEL BLVD.
 LEHIGH ACRES FL 33972**

Mailing Address

**226 E JOEL BLVD
 LEHIGH ACRES FL 33972**



2. Principal Place of Business

96 CYPRESS BLVD. W

3. Mailing Address

Suite, Apt. #, etc.

City & State

HOMOSASSA, FL

City & State

Zip

34446

Country

USA

Zip

Country

4. FEI Number

65-1036588

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

NATIELLO, JOHN A

**226 E JOEL BLVD
 LEHIGH ACRES FL 33972**

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

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
 NAME **CRANDELL, DONNIE R**
 STREET ADDRESS **226 E JOEL BLVD**
 CITY-ST-ZIP **LEHIGH ACRES FL 33972**

TITLE **VP** ☐ Delete
 NAME **HOLQUIST, LAURA A**
 STREET ADDRESS **226 E JOEL BLVD**
 CITY-ST-ZIP **LEHIGH ACRES FL 33972**

TITLE **PD** ☐ Delete
 NAME **LIVINGSTON, WILLIAM I**
 STREET ADDRESS **ONE CORPORATE DR, STE 3A**
 CITY-ST-ZIP **PALM COAST FL 32137**

TITLE **V** ☐ Delete
 NAME **MARIELLO, JOHN**
 STREET ADDRESS **226 E JOEL BLVD**
 CITY-ST-ZIP **LEHIGH ACRES FL 33972**

TITLE **VS** ☒ Delete
 NAME **ALLISON, JANET**
 STREET ADDRESS **226 E JOEL BLVD**
 CITY-ST-ZIP **LEHIGH ACRES FL 33972**

TITLE **TAS** ☐ Delete
 NAME **HARVATH, MARGARET**
 STREET ADDRESS **226 E JOEL BLVD**
 CITY-ST-ZIP **LEHIGH ACRES FL 33972**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **V** ☐ Change ☒ Addition
 NAME **RONALD A. PRICE**
 STREET ADDRESS **96 CYPRESS BLVD. W**
 CITY-ST-ZIP **HOMOSASSA, FL 34446**

TITLE **V** ☐ Change ☒ Addition
 NAME **CHARLES R. FAULKNER**
 STREET ADDRESS **ONE CORPORATE DR, STE 3A**
 CITY-ST-ZIP **PALM COAST, FL 32137**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V/S** ☒ Change ☐ Addition
 NAME **NATIELLO, JOHN**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JOHN A. NATIELLO, VP

2/5/02

941-368-3141

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)