

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000088259

1. Entity Name

SUBURBAN ESTATES LANDOWNERS ASSOCIATION, INC.

FILED

Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90078 011 ***150.00

Principal Place of Business
101 E. Yelka Terrace Unit C
1412 WILLOW OAK DRIVE
EDGEWATER FL 32132

Mailing Address
POST OFFICE BOX 1590
NEW SMYRNA BEACH FL 32170-1590



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 101 E. Yelka Terrace Unit C		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Edgewater FL		City & State	
Zip 32132	Country USA	Zip	Country
4. FEI Number 59-3406495		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DONNELLY, PATRICK A 1412 WILLOW OAK DRIVE EDGEWATER FL 32132		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 101 E. Yelka Terrace Unit C City Edgewater FL Zip Code 32132	
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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 _____ (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD DONNELLY, PATRICK A 1412 WILLOW OAK DRIVE EDGEWATER FL 32132 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	101 E. Yelka Terrace Unit C Edgewater FL 32132 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MASSEY, JOHN F 1412 WILLOW OAK DRIVE EDGEWATER FL 32132 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	101 E. Yelka Terrace Unit C Edgewater FL 32132 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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"/> 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"/> 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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Patrick A. Donnelly 1-18-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #