

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000019946

1. Entity Name

SUPERIOR RESIDENCES, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90023 036 ***158.75

Principal Place of Business

Mailing Address

307 W PARK AVE
STE 211
TALLAHASSEE FL 32301

307 W PARK AVE
STE 211
TALLAHASSEE FL 32301-1422

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3530658

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GORDON-GIRVIN, SHARON M
307 W PARK AVE
STE 211
TALLAHASSEE FL 32301

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS GORDON-GIRVIN, SHARON M
CITY-ST-ZIP 307 W PARK AVE, STE 211
TALLAHASSEE FL 32301

TITLE ☒ Change ☐ Addition
NAME D, P. C.
STREET ADDRESS Taylor & Dennis
CITY-ST-ZIP 13630 Linden Dr
Spring Hill, FL 34609

TITLE ☐ Delete
NAME D
STREET ADDRESS TAYLOR, DENNIS
CITY-ST-ZIP 13630 LINDER DR.
SPRING HILLS FL 34609

TITLE ☐ Change ☒ Addition
NAME D, S.
STREET ADDRESS Ashburn, Robert C.
CITY-ST-ZIP 1009 San Luis Rd.
Tallahassee, FL 32304

TITLE ☒ Delete
NAME D
STREET ADDRESS GIRLBN, GORDON
CITY-ST-ZIP 307 W. PARK AVE STE. 211
TALLAHASSEE FL 32301

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS Doudney Douglas S.
CITY-ST-ZIP 824 N. Highland Ave.
Orlando, FL 32803

TITLE ☐ Delete
NAME ST
STREET ADDRESS CRAWFORD, RICHARD H
CITY-ST-ZIP 13630 LINDEN DR.
SPRING HILL FL 34609

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS Minger, John
CITY-ST-ZIP 1350 East John Sims Pkwy
Nogales, FL 32578

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS Ramsey, John Mark
CITY-ST-ZIP 13630 Linden Dr.
Spring Hill, FL 34609

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS Bishop, Ronald W. Jr.
CITY-ST-ZIP 13630 Linden Dr.
Spring Hill FL 34609

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)