

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 20, 2002 8:00 am**  
**Secretary of State**

05-20-2002 90094 047 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P98000041941**

**1. Entity Name**  
**SURFSIDE ESTATES SUBDIVISION PHASE II HOMEOWNERS ASSOCIATION INC.**

**Principal Place of Business**  
**123 WEST GULF BEACH DRIVE**  
**ST. GEORGE ISLAND FL 32328**

**Mailing Address**  
**123 WEST GULF BEACH DRIVE**  
**ST. GEORGE ISLAND FL 32328**

**2. Principal Place of Business**  
**1914 SUNSET DR.**  
 Suite, Apt. #, etc.

**3. Mailing Address**  
**P.O. BOX 876**  
 Suite, Apt. #, etc.

**City & State**  
**ST. GEORGE ISLAND, FL**  
**Zip**  
**32328**  
**Country**  
**U.S.**

**City & State**  
**EASTPOINT, FL**  
**Zip**  
**32328**  
**Country**

**4. FEI Number** **NOT APPLICABLE** **Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☒ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**SPOHRER, HELEN**  
**123 GULF BEACH DRIVE WEST**  
**ST. GEORGE ISLAND FL 32328**

**7. Name and Address of New Registered Agent**

**Name**  
**WAYNE M. GLEASMAN**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**COMMUNITY MANAGEMENT SERVICES**  
**431 McCLOUD ST.**  
**City**  
**ST. GEORGE ISLAND FL** **Zip Code**  
**32328**

**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** *Wayne M. Gleasman* **Wayne M. Gleasman, TREAS. 04-26-02**  
Signature typed or printed name of registered agent and file 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** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **PD** ☒ **Delete**  
**NAME** **SPOHRER, HELEN**  
**STREET ADDRESS** **123 WEST GULF BEACH DRIVE**  
**CITY-ST-ZIP** **ST. GEORGE ISLAND FL 32328**

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

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Change** ☒ **Addition**  
**NAME** **M/T**  
**STREET ADDRESS** **WAYNE M. GLEASMAN**  
**CITY-ST-ZIP** **431 McCLOUD ST.**  
**ST. GEORGE ISLAND, FL 32328**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Change** ☐ **Addition**  
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**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:** *Wayne M. Gleasman* **Wayne M. Gleasman 04-26-02 850-927-4911**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)