

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90023 032 ***150.00

DOCUMENT # S07600

1. Entity Name

SUGARMILL WOODS MANAGEMENT, INC.

Principal Place of Business

Mailing Address

WEST MARION AVE

212 SOUTH CENTRAL

GORDA FL 33950

SUITE 100

ST LOUIS MO 63105-3500

US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0241422

Applied For

Not Applicable

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

JAMES E MOORE III
1625 W MARION AVE
STE 2
PUNTA GORDA FL 33950

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 State10. 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	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
PD	SCHIFFER, LAURENCE A	212 SOUTH CENTRAL SUITE 100	ST LOUIS MO 63105	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
CSD	LOVE, ANDREWS S. JR.	212 SOUTH CENTRAL SUITE 100	ST LOUIS MO 63105	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
AT	KOVARIK, ANNETTE	212 SOUTH CENTRAL, SUITE 100	ST LOUIS MO 63105	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
TAS	CLEMENT, GLORIA D	212 SOUTH CENTRAL, SUITE 100	ST. LOUIS MO 63105	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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

4/24/00

Date

(314) 512-8711

Daytime Phone #

CR2E034 (9/99)