

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S07600

1. Entity Name
SUGARMILL WOODS MANAGEMENT, INC.

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90199 046 ***150.00

Principal Place of Business

1625 WEST MARION AVE
STE 1
PUNTA GORDA FL 33950
US

Mailing Address

212 SOUTH CENTRAL
SUITE 100
ST LOUIS MO 63105
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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PD
NAME: SCHIFFER, LAURENCE A
STREET ADDRESS: 212 SOUTH CENTRAL SUITE 100
CITY-ST-ZIP: ST LOUIS MO 63105 ☐ Delete

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

TITLE: CSD
NAME: LOVE, ANDREWS S. JR.
STREET ADDRESS: 212 SOUTH CENTRAL SUITE 100
CITY-ST-ZIP: ST LOUIS MO 63105 ☐ Delete

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

TITLE: AT
NAME: KOVARIK, ANNETTE
STREET ADDRESS: 212 SOUTH CENTRAL, SUITE 100
CITY-ST-ZIP: ST LOUIS MO 63105 ☐ Delete

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

TITLE: TAS
NAME: CLEMENT, GLORIA D
STREET ADDRESS: 212 SOUTH CENTRAL, SUITE 100
CITY-ST-ZIP: ST. LOUIS MO 63105 ☐ Delete

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

TITLE: ☐ Delete
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NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ 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: *Gloria D. Clement*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D. Clement

4/22/02

(314) 512-8711

Date

Daytime Phone #

CR2E034 (9/01)