

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 07, 2001 8:00 am
Secretary of State

0070366

DOCUMENT # N94000004709

06-07-2001 90006 047 ****61.25

1. Entity Name

SABAL TRACE MASTER ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2200 KINGS HIGHWAY 3J
 PORT CHARLOTTE FL 33980
 US

P.O. BOX 380758
 MURDOCK FL 33838-0758
 US

00057953



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Argus Mgt
 Suite, Apt. #, etc.
2477 Stickney Pt Rd

2477 Stickney Pt Rd
 Suite, Apt. #, etc.
Suite 118A

City & State

City & State

Sarasota FL

Sarasota FL

4. FEI Number

65-0563543

Applied For

Not Applicable

Zip

Country

Zip

Country

34261

Sarasota

34261

Sarasota

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

INGELS, KRISTINE
 2200 KINGS HIGHWAY 3J
 PORT CHARLOTTE FL 33980

Name **Barbara O'Grady**
 Street Address (P.O. Box Number is Not Acceptable)
2477 Stickney Point Rd
Suite 118A
 City **Sarasota** **FL** Zip Code **34261**

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 **Barbara O'Grady**

Barbara O'Grady

3-31-01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	GILBERT, GERRY	
STREET ADDRESS	5773 CONCORD DRIVE	
CITY-ST-ZIP	NORTH PORT FL 34287	
TITLE	SD	<input type="checkbox"/> Delete
NAME	STRAYHORN, MIKE	
STREET ADDRESS	5773 CONCORD DRIVE	
CITY-ST-ZIP	NORTH PORT FL 34287	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FULLENKAMP, DENNIS	
STREET ADDRESS	5773 CONCORD DRIVE	
CITY-ST-ZIP	NORTH PORT FL 34287	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE: **MSIC... RE...**

3-31-01 **485-8012**

CR2E037 (10/00)