

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 22, 2002 8:00 am
Secretary of State

05-28-2002 91518 019 ****61.25

DOCUMENT # N94000004709

1. Entity Name

SABAL TRACE MASTER ASSOCIATION, INC.

Principal Place of Business

Mailing Address

ARGUS MGT
 2477 STICKNEY PT RD
 SARASOTA FL 34261
 US

2477 STICKNEY PT RD
 SUITE 118A
 SARASOTA FL 34261
 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

65-0563543

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

7. Name and Address of New Registered Agent

O'GRADY, BARBARA
 2477 STICKNEY POINT RD
 SUITE 118A
 SARASOTA FL 34261

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. I am familiar with, and accept the obligations of a registered agent.

SIGNATURE

Barbara O'Grady

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

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002, min. will be \$236.25.

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD/Developer Peter Shippy 13035 Tamiami Tr + A1 North Port FL 34287	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jack Johnston 5278 Pinelhurst Ct North Port, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Perry Butler 5278 Pinelhurst Ct North Port FL 34287	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowered.

SIGNATURE:

Peter Shippy

REQUIRED Duplicate

Sent 4-30-02

485-8012

CR2E037 (4/02)