

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 08, 2000 8:00 am**  
**Secretary of State**

02-08-2000 90142 009 \*\*\*\*61.25

**DOCUMENT # 732511**

1. Entity Name

**SOUTHERN OAKS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

7601 TIMBERWOOD DR.  
 JACKSONVILLE FL 32256

7601 TIMBERWOOD DR.  
 JACKSONVILLE FL 32256-1540

913892



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**NOT APPLICABLE**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

ADAMS, ADAM G III  
~~1602 CAPELAND ST~~  
 JACKSONVILLE FL 32204

Name

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

1602 Copeland St

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

**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	CD	<input checked="" type="checkbox"/> Delete
NAME	GURNEY, DONALD R	
STREET ADDRESS	7617 LUMWOOD DR	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GRIFFIN, JAMES	
STREET ADDRESS	10904 MERRYWOOD DR	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HLEBAK, JEANNE	
STREET ADDRESS	7621 PLUMWOOD DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	FERGUSON, JANET	
STREET ADDRESS	7633 PLUMWOOD DR	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	D	<input type="checkbox"/> Delete
NAME	GREEN, BILLY	
STREET ADDRESS	7613 SUNWOOD DR	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HACKETT, REBECCA	
STREET ADDRESS	7606 PLUMWOOD DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32256	

TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David Bailey	
STREET ADDRESS	7628 Cove Wood Dr	
CITY-ST-ZIP	Jacksonville, FL 32256	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hugh Smith	
STREET ADDRESS	7623 Plumwood Dr	
CITY-ST-ZIP	Jacksonville, FL 32256	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Virginia Bail Snuggs	
STREET ADDRESS	7506 Cove Wood Dr	
CITY-ST-ZIP	Jacksonville, FL 32256	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Amy Franklin	
STREET ADDRESS	11025 Creeke Wood Dr	
CITY-ST-ZIP	Jacksonville, FL 32256	
TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Laurie Richardson	
STREET ADDRESS	7610 Plumwood Dr	
CITY-ST-ZIP	Jacksonville, FL 32256	

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:

*Billy Green*  
 BILLY GREEN  
 BILLY GREEN

Date

Daytime Phone #

904-268-0726