

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90055 005 ****61.25

DOCUMENT # 761984

1. Entity Name

GINGER PARK OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**1956 JAMMES ROAD #53
 JACKSONVILLE FL 32210**

**1956 JAMMES ROAD #53
 JACKSONVILLE FL 32210**

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 **59-2176308**

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

**FOOTMAN, DAN ELLIS JR
 1311 WINDSOR PLACE
 JACKSONVILLE FL 32205**

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

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	FOOTMAN, DAN ELLIS JR	
STREET ADDRESS	1311 WINDSOR PLACE	
CITY-ST-ZIP	JACKSONVILLE FL 32205	
TITLE	TSD	<input type="checkbox"/> Delete
NAME	FOOTMAN, LESLIE O	
STREET ADDRESS	1311 WINDSOR PLACE	
CITY-ST-ZIP	JACKSONVILLE FL 32205	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ROBERTS, KEVIN	
STREET ADDRESS	7505 PITCH PINE CIRCLE	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	OFFICER	<input type="checkbox"/> Delete
NAME	JEFF MILLER	
STREET ADDRESS	1956 Jammes RD.#24	
CITY-ST-ZIP	JAX. FL. 32210	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	OFFICER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JEFF MILLER	
STREET ADDRESS	1956 Jammes Rd.#24	
CITY-ST-ZIP	JAX. FL. 32210	
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 empowered.

SIGNATURE: *[Signature]* **DAN E. FOOTMAN JR** 3-8-02 904-389 5850

CR2E037 (9/01)