2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000003492

1. Entity Name

MOORE BRANCH ESTATES HOMEOWNERS ASSOCIATION, INC.

FILED
01 AUG 22 AM 9:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
4501 BEVERLY AVENUE JACKSONVILLE, FL 32210	4501 BEVERLY AVENUE JACKSONVILLE, FL 32210

2. Principal Place of Business	3. Mailing Address
4501 BEVERLY AVENUE Suite, Apt. #, etc.	4501 BEVERLY AVENUE Suite, Apt. #, etc.
City & State: JACKSONVILLE, FL	City & State: JACKSONVILLE, FL
Zip: 32210 Country: USA	Zip: 32210 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3652522 ☐ Applied For ☐ Not Applicable

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
ATLEE, KENYON S. 4501 BEVERLY AVENUE JACKSONVILLE, FL 32210	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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ATLEE, KENYON S. 4501 BEVERLY AVENUE JACKSONVILLE, FL 32210	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VDS EISENSTEIN, JEANNE 4501 BEVERLY AVENUE JACKSONVILLE, FL 32210	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VDST BRADFORD, ERIC N. 4501 BEVERLY AVENUE JACKSONVILLE, FL 32210	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CRISP, DALE K. 4501 BEVERLY AVENUE JACKSONVILLE, FL 32210	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	300004560553--9 -08/28/01--01093--003 *****61.25 *****61.25	☐ Change ☐ Addition
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CR2E037 (11/00)

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: Kenyon Atlee 7-23-01 (904) 384-6964

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #