

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **100000003492**
 1. Entity Name
ESTATES
MOORE BRANCH HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business
4501 BEVERLY AVENUE
JACKSONVILLE, FL 32210

Mailing Address
4501 BEVERLY AVENUE
JACKSONVILLE, FL 32210

2. Principal Place of Business
4501 BEVERLY AVENUE
 Suite, Apt. #, etc.

3. Mailing Address
4501 BEVERLY AVENUE
 Suite, Apt. #, etc.

City & State
JACKSONVILLE, FL

City & State
JACKSONVILLE, FL

Zip
32210

Country
USA

Zip
32210

Country
USA

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

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

7. Name and Address of New Registered Agent

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

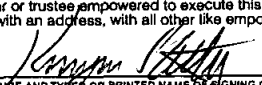
10. OFFICERS AND DIRECTORS

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	VDS EISENSTEIN, JEANNE 4501 BEVERLY AVENUE JACKSONVILLE, FL 32210 ☒ Delete
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	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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	300004560553-9 -08/28/01-01093-003 *****61.25 *****61.25 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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:  **7-23-01 (904) 384-6964**

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

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

DO NOT WRITE IN THIS SPACE

CR2E037 (11/00)