

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91227 006 ****61.25

DOCUMENT # N00000003492

1. Entity Name

MOORE BRANCH ESTATES HOMEOWNERS ASSOCIATION, INC

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

9425 Sandler Rd

9425 Sandler Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville FL

City & State

Jacksonville FL

Zip

32222

Country

USA

Zip

32222

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

7. Name and Address of New Registered Agent

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

Name

Scott Hauser

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

5804 Cedar Oak Dr.

City

Jacksonville

FL

Zip Code

32210

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

Scott C. Hauser

(NOTE: Registered Agent signature required when reinstating)

DATE

3/14/02

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** ☒ Delete
 NAME **ATLEE, KENYON S**
 STREET ADDRESS **4501 BEVERLY AVENUE**
 CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE **PD** ☐ Change ☒ Addition
 NAME **Scott Hauser**
 STREET ADDRESS **5804 Cedar Oak Dr**
 CITY-ST-ZIP **Jax FL 32210**

TITLE **VDST** ☒ Delete
 NAME **BRADFORD, ERIC N**
 STREET ADDRESS **4501 BEVERLY AVENUE**
 CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE **VP-D** ☐ Change ☒ Addition
 NAME **William McCarthy**
 STREET ADDRESS **9676 Stanford Bridge**
 CITY-ST-ZIP **Jax FL 32221**

TITLE **D** ☒ Delete
 NAME **CRISP, DALE K**
 STREET ADDRESS **4501 BEVERLY AVENUE**
 CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE **D** ☐ Change ☒ Addition
 NAME **Christina Smith**
 STREET ADDRESS **9425 Sandler Rd**
 CITY-ST-ZIP **Jax FL 32222**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **T-Maria McCarthy**
 STREET ADDRESS **9676 Stanford Bridge**
 CITY-ST-ZIP **Jax FL 32221**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Christina Smith **Secretary** **3/14/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)