

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N18064

1. Entity Name

THE ORTEGA ISLAND ASSOCIATION, INC.

**FILED**  
**Jan 29, 2000 8:00 am**  
**Secretary of State**

01-29-2000 90006 019 \*\*\*\*61.25

Principal Place of Business FOUR SEASONS MANAGEMENT 10036 SAWGRASS DRIVE PONTE VEDRA BEACH FL 32082 US	Mailing Address C/O FOUR SEASON 10036 SAWGRASS DRIVE PONTE VEDRA BEACH FL 32082 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business John Weyer Suite, Apt. #, etc. 4556 Ortega Island Dr N	3. Mailing Address % John Weyer Suite, Apt. #, etc. PO Box 104, Ortega Sta
City & State Jacksonville, FL	City & State Jacksonville, FL
Zip 32210	Country USA
Zip 32210	Country USA

4. FEI Number 59-3145065	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FOUR SEASONS MANAGEMENT 10036 SAWGRASS DRIVE 200 W. FORSYTH ST., SUITE 1600 PONTE VEDRA BEACH FL 32082
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7. Name and Address of New Registered Agent Name John Weyer Street Address (P.O. Box Number is Not Acceptable) 4556 Ortega Island Drive N. City Jacksonville FL Zip Code 32210
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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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOOMIS, JACQUELINE 4661 ORTEGA ISLAND DRIVE JACKSONVILLE FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WEYER, JOHN PO BOX 41 ORTEGA ISLAND STATION JACKSONVILLE FL 32210 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEPLER, ANN 4548 ORTEGA ISLAND DRIVE JACKSONVILLE FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPRAGUE, RICHARD JR. 2005 RIVERSIDE AVENUE JACKSONVILLE FL 32205 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHELAN, PAULA 4570 ORTEGA ISLAND DRIVE JACKSONVILLE FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RILIGNANO, NICK 4567 ORTEGA ISLAND DR JACKSONVILLE FL 32210 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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: X SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #