

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State

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04-25-2001 90066 007 ****61.25

DOCUMENT # N23742
 1. Entity Name
SOUTH JACKSONVILLE INDUSTRIAL PARK OWNER'S ASSOC

Principal Place of Business Mailing Address
 P.O. BOX 1048 P.O. BOX 1048
 ST. AUGUSTINE FL 32085-1048 ST. AUGUSTINE FL 32085-1048



2. Principal Place of Business 3. Mailing Address
10151 Deerwood Park Blvd. **10151 Deerwood Park Blvd.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Bldg. 100, Suite 330 **Bldg. 100, Suite 330**
 City & State City & State
Jacksonville, Florida **Jacksonville, Florida**
 Zip Country Zip Country
32256 **32256** **32256** **32256**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
EDDINS, HEIDI J
ONE MALAGA ST
SAINT AUGUSTINE FL 32084

4. FEI Number Applied For
NOT APPLICABLE Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**
 7. Name and Address of New Registered Agent
 Name **Karl B. Hanson III**
 Street Address (P.O. Box Number is Not Acceptable)
10151 Deerwood Park Blvd.
Bldg. 100, Suite 330
 City **Jacksonville** State **FL** Zip Code **32256**

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 **KARL B. HANSON III** **4-17-01**
 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	VPSD EDDINS, HEIDI J ONE MALAGA ST SAINT AUGUSTINE FL 32084	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD WEST, G P 1650 PORUDENTIAL DRIVE JACKSONVILLE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ANESTIS, R. W. ONE MALAGA ST SAINT AUGUSTINE FL 32084	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MACSWAIN, R. F. ONE MALAGA ST SAINT AUGUSTINE FL 32084	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WEST, G. P. ONE MALAGA ST SAINT AUGUSTINE FL 32084	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T THOMPSON, M 10199 SOUTHSIDE BLVD #108 JACKSONVILLE FL 32256	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD G. John Carey 10151 Deerwood Park Blvd., Bldg. 100 Jacksonville, FL 32256 Suite 330	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Lewis W. Graham, Jr. 10151 Deerwood Park Blvd., Bldg. 100 Jacksonville, FL 32256 Suite 330	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Karl B. Hanson III 10151 Deerwood Park Blvd., Bldg. 100 Jacksonville, FL 32256 Suite 330	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TV M. Thompson 10151 Deerwood Park Blvd., Bldg. 100 Jacksonville, FL 32256 Suite 330	<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

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 **Melinda Thompson** **4/13/01** **904-565-4116**
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (10/00)