

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2000 8:00 am**  
**Secretary of State**

04-03-2000 90166 014 \*\*\*\*61.25

**DOCUMENT # N24077**

1. Entity Name

**FLEMINGBROOK OWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

6028 CHESTER AVE  
 SUITE 202  
 JACKSONVILLE FL 32217  
 US

P O BOX 57911  
 JACKSONVILLE FL 32241-7911  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2880300**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PENN, PATRIC R  
 6028 CHESTER AVE  
 SUITE 202  
 JACKSONVILLE FL 32217

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

*Patric R. Penn*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**3/24/00**  
 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
 NAME **PD HELOCK, KRISTY**  
 STREET ADDRESS **5608 FALLBROOK CT**  
 CITY-ST-ZIP **ORANGE PARK FL 32073**

TITLE  Change  Addition  
 NAME **PD HELOCK, TOM**  
 STREET ADDRESS **5608 FALLBROOK CT.**  
 CITY-ST-ZIP **ORANGE PARK, FL 32073**

TITLE  Delete  
 NAME **D BARKER, KRISTY**  
 STREET ADDRESS **433 BAYBROOK DRIVE**  
 CITY-ST-ZIP **ORANGE PARK FL 32073**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D RUSSELL, WILLIAM**  
 STREET ADDRESS **628 COZY BROOK LN**  
 CITY-ST-ZIP **ORANGE PARK FL 32073**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D TAYLOR, TRISH**  
 STREET ADDRESS **513 TIMBERCREST LN**  
 CITY-ST-ZIP **ORANGE PARK FL 32073**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D VANDERBEEK, EUGENE**  
 STREET ADDRESS **5509 BLOOMWOOD COURT**  
 CITY-ST-ZIP **ORANGE PARK FL 32073**

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:

*Tom Helock*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/24/2000**  
 Date

**904-359-3454**  
 Daytime Phone #

CR2E037 (9/99)