

**2001 UNIFORM BUSINESS REPORT (UBR)**

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

04-25-2001 90066 019 \*\*\*\*61.25

UBR00003

**DOCUMENT # N45849**

1. Entity Name

**GRAN PARK AT THE AVENUES OWNERS ASSOCIATION, INC**

Principal Place of Business

10151 DEERWOOD PARK BLVD.  
 BUILDING 100, STE. 330  
 JACKSONVILLE FL 32256

Mailing Address

10151 DEERWOOD PARK BLVD.  
 BUILDING 100, STE. 330  
 JACKSONVILLE FL 32256

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**HANSON, KARL B**  
 10151 DEERWOOD PARK BLVD.  
 BUILDING 100, STE. 330  
 JACKSONVILLE FL 32256

7. Name and Address of New Registered Agent

Name **Karl B. Hanson III**  
 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

**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	PD	<input type="checkbox"/> Delete
NAME	CAREY, G J	
STREET ADDRESS	10151 DEERWOOD PARK BLVD., BLDG 100	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GRAHAM, LEWIS W JR	
STREET ADDRESS	10151 DEERWOOD PARK BLVD., BLDG 100	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HANSON, KARL B III	
STREET ADDRESS	10151 DEERWOOD PARK BLVD., BLDG 100	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	T	<input type="checkbox"/> Delete
NAME	THOMPSON, MELINDA	
STREET ADDRESS	10151 DEERWOOD PARK BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	10151 Deerwood Park Blvd., Bldg 100	
CITY-ST-ZIP	Jacksonville, FL 32256 Ste 330	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	10151 Deerwood Park Blvd., Bldg 100	
CITY-ST-ZIP	Jacksonville, FL 32256 Ste 330	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	10151 Deerwood Park Blvd., Bldg 100	
CITY-ST-ZIP	Jacksonville, FL 32256 Ste 330	
TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	10151 Deerwood Park Blvd., Bldg 100	
CITY-ST-ZIP	Jacksonville, FL 32256 Ste 330	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

**Melinda Thompson**

**4/13/01**

**904-565-410**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)