## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N93000003524

1. Entity Name

PONTE VEDRA LAKES BUSINESS PARK ASSOCIATION, INC

•				On WE THE					
Principal Plac	ce of Business	Mailing Address			7				
1548 THE GRE	EENS WAY	P. O. BOX 1219							
SUITE 4 MACKSONNII II	E BEACH FL 32250	STE 3 PONTE VEDRA BEACH FL 32004							
uackoonvilli US	L OLNOIT IL VEEQU	US					ANN BAIDA INAN ANN M	AN AND MADE	
2. Principal I	Place of Business	3. Mailing Address							
							)		
Suite, Apt	. #, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City of Ctra	***	City & State			A SSINIUM TO A SAN TO			r <del>.</del>	
City & Sta	te	City & State			4. FEI Number 59-3221739			oplied For ot Applicable	
Zip Country		Zip Country					¢0.75		
					5. Certificate of Status Desired Fee Required				
	6. Name and Address of Current R	egistered Agent			7. Name and Add	ess of New Registe	red Agent		
				Name					
	ELL, FRANK E		Street Address			(P.O. Box Number is Not Acceptable)			
	E GREENS WAY					•		· · · · · · · · · · · · · · · · · · ·	
#4 JACKSOI	NVILLE BEACH FL 32250								
υποινουι	TYLLE BEAUTI E GEEGO		City				FL Zip Code	е	
8. The above	e named entity submits this statement for	the purpose of changing its	registered of	fice or register	red agent, or both, in t	he State of Florida.	l am familiar with,	and accept	
the obliga	tions of registered agent.				-				
₫.,	•								
SIGNATURE	Signature, typed or printed name of registered agent an	d title if applicable (NOTE	- Panistarad Anar	nt signature required	d when reinstating		ATE	<del></del>	
	organico di printo di registro di aggini di	o the happingable. (140 it	Hegistereo Agei	it signature required	C whethemstating)				
		9 Election Can	nnaign Finan	cina	¢= 00	Make C	heck Payable	to	
77 Fr.	FILE NOW: FEE IS \$61.25	S. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees		epartment of S		
	<b>į</b>								
10. 1	GFFICERS AND DIRE	CTORS	11.	,	ADDITIONS/CHANGE	S TO OFFICERS AN	D DIRECTORS IN		
TITLE	DP PAR	☐ Delete	TITLE	\ \VD	naan Dah	F	Change	🛚 Addition	
NAME STREET ADDRESS	FLETCHER, PAUL		NAME		nnson, Robe		ш л		
CITY-ST-ZIP	• • • • • • • • • • • • • • • • • • • •		STREET ADI	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
TITLE	DVT	☐ Delete	<del></del>	Jac	KSOUATITE	beach, r		Addition	
NAME	TREADWELL, FRANK E	LJ Uelete	TITLE NAME				☐ Change	Addition	
STREET ADDRESS	1548 THE GREENS WAY, SUITE 4		STREET ADI	DRESS					
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250		CITY-ST-Z	IP .					
TITLE	DS	☐ Delete	TITLE				☐ Change	☐ Addition	
NAME	HUTCHINSON, FRANCES		NAME				_ •		
STREET ADDRESS	1548 THE GREENS WAY, SUITE 4		STREET ADE						
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250		CITY-ST-Z	P					
TITLE	AS HOUSE HIEVA	☐ Delete	TITLE				☐ Change	Addition	
NAME	BUCKNER, JUDY V		NAME OTREET ARE	NDEGO.					
STREET ADDRESS CITY-ST-ZIP	1548 THE GREENS WAY STE 4		STREET ADD						
	JACKSONVILLE BEACH FL 32250	Пъж.		<u>'</u>			Change	□ Addition	
title Name		☐ Delete	TITLE NAME				☐ Change	Addition	
STREET ADDRESS			STREET ADD	RESS					
CITY-ST-ZIP			CITY-ST-Z						
TITLE		☐ Delete	TITLE		• • •		☐ Change	☐ Addition	
NAME			NAME				_ •	_	
STREET ADDRESS			STREET ADD	RESS					

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.

CITY-ST-ZIP

SIGNATURE:

facultimener for

4(9/03 (904) 285-6921

**FILED** 

Apr 21, 2003 8:00 am Secretary of State

04-21-2003 90471 020 \*\*\*\*61.25