

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90238 004 \*\*\*\*61.25

**DOCUMENT # N99000002388**

1. Entity Name

**COPPERGATE ESTATES OWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

2955 HARTLEY ROAD, SUITE 108  
 JACKSONVILLE FL 32257

2955 HARTLEY ROAD, SUITE 108  
 JACKSONVILLE FL 32257-6284

2. Principal Place of Business  
 2215 EAST SR 200

3. Mailing Address  
 P O BOX 1987

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
 YULEE FL

City & State  
 YULEE FL

Zip  
 32097

Country  
 US

Zip  
 32041-1987

Country  
 US

4. FEI Number  
 59-3570387

Applied For  
 Not Applicable

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**

**MATOVINA, GREGORY E**  
 2955 HARTLEY ROAD, SUITE 108  
 JACKSONVILLE FL 32257

Name  
**TERRELL J. POWELL**  
 Street Address (P.O. Box Number is Not Acceptable)  
 2215 EAST SR 200

City  
**YULEE FL** Zip Code  
**32097**

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 *Terrell J. Powell*

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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MATOVINA, GREGORY E 2955 HARTLEY ROAD, SUITE 108 JACKSONVILLE FL 32257	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT BORSTEIN, DONALD K 2955 HARTLEY ROAD, SUITE 108 JACKSONVILLE FL 32257	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MATOVINA, LESLIE H 2955 HARTLEY ROAD, SUITE 108 JACKSONVILLE FL 32257	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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 type="checkbox"/> Addition
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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: *Gregory E. Matovina* 1/3/00 904-292-0778  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)