

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 20, 2000 8:00 am**  
**Secretary of State**

06-20-2000 90002 027 \*\*\*\*61.25

UUU64753

**DOCUMENT #** N99000007331  
**1. Entity Name** 95 Corporate Center Owners Association, Inc.

**Principal Place of Business** 6650 Southpoint Parkway  
 Jacksonville, FL 32216  
**Mailing Address** Same

**2. Principal Place of Business** c/o Bellemead Development Corp.  
 Suite, Apt. #, etc. 7 Becker Farm Road  
**3. Mailing Address** Same  
 Suite, Apt. #, etc.  
**City & State** Roseland, NJ  
**City & State**  
**Zip** 07068 **Country** USA

**4. FEI Number** 59-3650408  
**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**  
 C. William Reiney, Esq.  
 Rogers, Towers, Bailey, Jones & Gay P.A.  
 1301 Riverplace Blvd., Suite 1500  
 Jacksonville, FL 32202

**7. Name and Address of New Registered Agent**  
**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** \_\_\_\_\_ 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	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <input type="checkbox"/> Delete Donn H. Norton c/o Bellemead Dev. Corp. 7 Becker Farm Road Roseland, NJ 07068
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>V. P. &amp; Treasurer</b> <input type="checkbox"/> Delete Adrian P. Sloodmaker c/o Bellemead Development Corp. 7 Becker Farm Road Roseland, NJ 07068
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>V. P. &amp; Sec.</b> <input type="checkbox"/> Delete Joanne F. Meisler c/o Bellemead Development Corp. 7 Becker Farm Road Roseland, NJ 07068
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> 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:** *Joanne F. Meisler*

CR2E037 (9/99)