

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90375 008 ***150.00

DOCUMENT # P95000073359

1. Entity Name

MAGNOLIA ESTATES DEVELOPMENT, INC.

Principal Place of Business

Mailing Address

**9551 BAYMEADOWS ROAD
 SUITE 4
 JACKSONVILLE FL 32256
 US**

**9551 BAYMEADOWS ROAD
 SUITE 4
 JACKSONVILLE FL 32256
 US**

961144



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3343824

Applied for

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STOKES, CHESTER E JR.
 9551 BAYMEADOWS ROAD
 SUITE 4
 JACKSONVILLE FL 32256**

Name **STOKES, E. CHESTER, JR. (same person)**

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 (applicable)

(NOTE: Registered Agent's signature required when remaining)

DATE _____

9. If this corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP STOKES, CHESTER E JR. 9551 BAYMEADOWS ROAD, SUITE 4 JACKSONVILLE FL 32256 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V BERGMANN, THOMAS C. 9551 BAYMEADOWS ROAD, SUITE 4 JACKSONVILLE FL 32256 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V BRAREN, MICHAEL E. 9551 BAYMEADOWS ROAD, SUITE 4 JACKSONVILLE FL 32256 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V WALLACE, L. DENISE 9551 BAYMEADOWS ROAD, SUITE 4 JACKSONVILLE FL 32256 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VT FREDENHAGEN, SHARON W. 9551 BAYMEADOWS ROAD, SUITE 4 JACKSONVILLE FL 32256 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S HICE, SHERRY 9551 BAYMEADOWS ROAD, SUITE 4 JACKSONVILLE FL 32256 | <input type="checkbox"/> Delete |

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STOKES, E. CHESTER, JR. | |
| 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 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sherry Hice, Secretary

4/16/01

Date

904/739-2249

Daytime Phone #

CR2E034 (10/00)