

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N29455

1. Entity Name

COPPER HILL OWNERS ASSOCIATION, INC.

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90090 034 \*\*\*\*70.00

Principal Place of Business	Mailing Address
P O BOX 28526 JACKSONVILLE FL 32226-852 US	P O BOX 28526 JACKSONVILLE FL 32226-8526 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-2956506	Applied For
		Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, JACQUELINE D  
5736 COPPER HILL LN E  
JACKSONVILLE FL 32218

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 Jacqueline Smith Jacqueline Smith 2/29/00

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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SMITH, JACQUELINE D	
STREET ADDRESS	5736 COPPER HILL LN E	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	JONES, HENRY	
STREET ADDRESS	10884 KRUGERRAND LN	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RAHMAN, LINDA	
STREET ADDRESS	10866 COPPER HILL DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	REID, LILLIAN	
STREET ADDRESS	10860 COPPER HILL DR	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
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 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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Arinita Brown	
STREET ADDRESS	5824 Miners Point Court	
CITY-ST-ZIP	Jacksonville, FL 32218	
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: Jacqueline Smith 2/29/00

CR2E037 (9/99)