

# UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01546

1. Entity  
Villages of San Jose Owners Assn, Inc

**FILED**  
**Apr 22, 2000 8:00 am**  
**Secretary of State**

04-22-2000 90050 004 \*\*\*\*61.25

Principal Place of Business

FIRST Coast Management Co  
3617 CROWN PT. Rd #8  
JAX, FL 32257

Mailing Address

First Coast Management Co.  
445 State Road 13, N.  
Suite 26-225  
Fruit Cove, FL 32259-3838

2. Principal Place of Business

3617 CROWN PT. RD #8  
Suite, Apt. #, etc.

3. Mailing Address

445 STATE Rd 13 N  
Suite, Apt. #, etc.  
Suite 26-225

DO NOT WRITE IN THIS SPACE

City & State

JAX FL

City & State

Fruit Cove, FL

4. FEI Number

Applied For  
Not Applicable

Zip

32257

Country

USA

Zip

32257

Country

USA

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

KATHY HOCKE  
C/O FIRST COAST MGMT  
3617 CROWN PT RD #8  
JACKSONVILLE FL 32257

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)

9. 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, 2000 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	PP	<input type="checkbox"/> Delete
NAME	MONTGOMERY, YANCEY	
STREET ADDRESS	8340 BARQUERO CT	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE	VP/D	<input type="checkbox"/> Delete
NAME	MARTS, MARY	
STREET ADDRESS	4020 LA VISTA CIR. #212	
CITY-ST-ZIP	JACKSONVILLE, FL 32217	
TITLE	S/D	<input type="checkbox"/> Delete
NAME	JONES, WALTER	
STREET ADDRESS	4138 MIZNER CIR. S.	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE	T/D	<input type="checkbox"/> Delete
NAME	SARAGA, LEONARD	
STREET ADDRESS	3620 LA VISTA CIR. # 116	
CITY-ST-ZIP	JACKSONVILLE, FL 32217	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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		<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		

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:

X Walter Jones

WALTER JONES

4/10/00

252-1160

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)