

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003963

1. Entity Name

HOLLYBROOK RESIDENT ASSOCIATION INC.

FILED
May 24, 2001 8:00 am
Secretary of State

05-24-2001 90003 045 ****61.25

Principal Place of Business

104 KING ST
JACKSONVILLE FL 32204

Mailing Address

104 KING ST
JACKSONVILLE FL 32204

660256

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRYANT, HENRY JR
104 KING ST
70
JACKSONVILLE FL 32204

7. Name and Address of New Registered Agent

Name

YVONNE HOGAN
Street Address (P.O. Box Number is Not Acceptable)

104 KING ST APT 119

City

JACKSONVILLE

FL

Zip Code

32204

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

Yvonne Hogan

(NOT) Registered Agent signature required when reinstating

5/24/01

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

TITLE PD
NAME BROWN, EDNA
STREET ADDRESS 104 KING ST APT 103
CITY-ST-ZIP JACKSONVILLE FL 32204 ☐ Delete *VP*

TITLE TT
NAME HOGAN, YVONNE
STREET ADDRESS 104 KING ST APT 119
CITY-ST-ZIP JACKSONVILLE FL 32204 ☐ Delete

TITLE ST
NAME POLKE, ELAINE
STREET ADDRESS 104 KING ST 151
CITY-ST-ZIP JACKSONVILLE FL 32204 ☐ Delete

TITLE VP
NAME CRIBB, JOHN
STREET ADDRESS 104 KING ST 81
CITY-ST-ZIP JACKSONVILLE FL 32204 ☒ Delete

TITLE C
NAME BAILEY, MAE E
STREET ADDRESS 104 KING ST 123
CITY-ST-ZIP JACKSONVILLE FL 32204 ☐ Delete

TITLE *Bryant, Henry Jr* ☐ Delete PD
NAME *104 King St Apt 70*
STREET ADDRESS *JACKSONVILLE, FL 32204*
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME LAVERNE YOUNG
STREET ADDRESS 104 KING ST 163
CITY-ST-ZIP JACK, FLA 32204

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ 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 no 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:

Henry Bryant

5/24/01 904389-1196

CR2E037 (10/00)