

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004757

1. Entity Name

DRAYTON PLACE OWNERS ASSOCIATION, INC.

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90153 006 ****61.25

Principal Place of Business

Mailing Address

2215 EAST STATE RD. 200
YULEE FL 32097
US

P.O. BOX 1987
YULEE FL 32041-1987
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Signature Realty
Suite, Apt. #, etc.
9889-1 San Jose Blvd

9889-1 San Jose Blvd
Suite, Apt. #, etc.

City & State
Jacksonville FL

City & State
Jacksonville FL

4. FEI Number

59-3425853

Applied For

Not Applicable

32257
Country
USA

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

POWELL, TERRELL J
2215 EAST STATE RD. 200
YULEE FL 32097

Name
Bryan Cantrell

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

9889-1 San Jose Blvd

City
Jacksonville

FL

Zip Code
32257

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]

11/15/02

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PEREZ, JOSE 12216 RUTH LAWN COURT JACKSONVILLE FL 32224	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DOWNEY, JERRY 4304 RIPKEN CIRCLE EAST JACKSONVILLE FL 32224	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HART, GARY 4352 RIPKEN CIRCLE WEST JACKSONVILLE FL 32224	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D UTLEY, ANTHONY 12206 GEHRIG DRIVE JACKSONVILLE FL 32224	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOUNG, SHERRI 12205 ANTONI COURT JACKSONVILLE FL 32224	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COMPTON, COREY 4164 RIPKEN CIRCLE WEST JACKSONVILLE FL 32224	<input type="checkbox"/> Delete

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
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TITLE 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:

SIGNATURE REQUIRED

1-24-02

904 6802706

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)