

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 732515**

1. Entity Name

BEACON HILLS CIVIC ASSOCIATION, INC.**FILED**
Apr 19, 2001 8:00 am
Secretary of State

03-27-2001 90027 001 ****61.25

Principal Place of Business

12354 HIDDEN HILLS LANE
JACKSONVILLE FL 32225-8702

Mailing Address

12354 HIDDEN HILLS LANE
JACKSONVILLE FL 32225-8702

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1869281

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

MEYERS, BESS12354 HIDDEN HILLS LANE
JACKSONVILLE FL 32225

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)

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	P	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, LINDA	
STREET ADDRESS	4515 MORRIS RD	
CITY-ST-ZIP	JACKSONVILLE FL	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John Crawley	
STREET ADDRESS	11687 Jonathan Road	
CITY-ST-ZIP	Jacksonville, FL 32225	

TITLE	DT	<input type="checkbox"/> Delete
NAME	MEYERS, BESS	
STREET ADDRESS	12354 HIDDEN HILLS LANE	
CITY-ST-ZIP	JACKSONVILLE FL	

TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jeannine Raye	
STREET ADDRESS	4603 Jocelyn Road West	
CITY-ST-ZIP	Jacksonville, FL 32225	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CRAWLEY, JOHN	
STREET ADDRESS	11687 JONATHAN RD	
CITY-ST-ZIP	JACKSONVILLE FL	

TITLE	CC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Linda Davis	
STREET ADDRESS	4515 Morris Road	
CITY-ST-ZIP	Jacksonville, FL 32225	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GARLAND, SMITH	
STREET ADDRESS	11637 JONATHAN RD	
CITY-ST-ZIP	JACKSONVILLE FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Delete
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)(j), 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:

BESS MEYERS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/01

Date

904/641-8129

Daytime Phone #

CR2E037 (10/00)