

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2000 8:00 am
Secretary of State

03-10-2000 90022 048 ****70.00

DOCUMENT # 753163

1. Entity Name

JACKSONVILLE BEACH BOP ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**7948 MANATA ST.
 JACKSONVILLE FL 32217**

**7948 MANATA ST.
 JACKSONVILLE FL 32217-3648**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2137701

Applied For

Not Applicable

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

**BERREY, BUTCH
 7948 MANATA ST.
 JACKSONVILLE FL 32217**

Name

BUTCH BERREY

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

7948 MANATA ST

JACKSONVILLE FL 32217-3648

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 ☐ Delete
 NAME **DP**
 STREET ADDRESS **BERREY, BUTCH**
 CITY-ST-ZIP **7948 MANATA STREET**
JACKSONVILLE FL

TITLE ☒ Change ☐ Addition
 NAME **DP**
 STREET ADDRESS **KEN KOEHLER**
 CITY-ST-ZIP **4096 HONEYSUCKLE CIR**
MIDDLEBURG FL 32068-5631

TITLE ☐ Delete
 NAME **DV**
 STREET ADDRESS **O'BRIEN, BILL**
 CITY-ST-ZIP **1052 WILDERLAND DR.**
JACKSONVILLE FL 32225

TITLE ☒ Change ☐ Addition
 NAME **DV**
 STREET ADDRESS **BUTCH BERREY**
 CITY-ST-ZIP **7948 MANAT ST**
JACKSONVILLE FL 32217-3648

TITLE ☐ Delete
 NAME **DV**
 STREET ADDRESS **STOUDENMIRE, RUSTY**
 CITY-ST-ZIP **3885 MORNING GLORY RD**
JACKSONVILLE FL 32210

TITLE ☒ Change ☐ Addition
 NAME **DV**
 STREET ADDRESS **MIKE MCGANN**
 CITY-ST-ZIP **3119 PINE RD**
ORANGE PARK FL 32065

TITLE ☐ Delete
 NAME **S**
 STREET ADDRESS **HOLDEN, BETTYE**
 CITY-ST-ZIP **3873 JEAN ST**
JACKSONVILLE FL 32205

TITLE ☒ Change ☐ Addition
 NAME **S**
 STREET ADDRESS **PATRICIA AVINGER**
 CITY-ST-ZIP **7650 OLD KINGS RD S**
JACKSONVILLE FL 32217-3857

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **BOYSEN, SHELLEY**
 CITY-ST-ZIP **1696 SANDY HOLLOW LOOP**
MIDDLEBURG FL 32068

TITLE ☒ Change ☐ Addition
 NAME **T**
 STREET ADDRESS **BETTYE HOLDEN**
 CITY-ST-ZIP **3873 JEAN ST**
JACKSONVILLE FL 32205

TITLE ☐ Delete
 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 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:

Butch Berrey
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Butch Berrey 3/6/00 904 789111
 Date Daytime Phone

CR2E037 (9/99)