

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

01-31-2002 90056 001 ****70.00

17352



DO NOT WRITE IN THIS SPACE

DOCUMENT # 753163 1. Entity Name JACKSONVILLE BEACH BOP ASSOCIATION, INC.				4. FEI Number 59-2137701	
Principal Place of Business 7948 MANATA ST. JACKSONVILLE FL 32217		Mailing Address 7948 MANATA ST. JACKSONVILLE FL 32217		Applied For <input type="checkbox"/> Not Applicable	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Name and Address of Current Registered Agent BERREY, BUTCH 7948 MANATA ST. JACKSONVILLE FL 32217-3848	
Zip		Country		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 BERREY, BUTCH D <input type="checkbox"/> Delete 7948 MANATA ST JACKSONVILLE FL 32217-3848		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	IDV BERREY, BUTCH <input checked="" type="checkbox"/> Delete 7948 MANATA ST JACKSONVILLE FL 32217-3848		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1V Bettye Holden D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3873 Jean St. Jacksonville, FL. 32205	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	IDV WADDINGTON, HAROLD <input checked="" type="checkbox"/> Delete 4872 SUSSEX AVE JACKSONVILLE FL 32210		TITLE NAME STREET ADDRESS CITY-ST-ZIP	2V Steve Bobish D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 12244 Franklin Brook Lane Jacksonville, FL. 32225	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S AVINGER, PATRICIA <input checked="" type="checkbox"/> Delete 7650 OLD KINGS RD S JACKSONVILLE FL 32217-3857		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Joyce Bunting D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3631 Bridgewood Drive Jacksonville, FL. 32277	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	I HOLDEN, BETTYE <input checked="" type="checkbox"/> Delete 3873 JEAN ST JACKSONVILLE FL 32205		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Vivian Marable D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 875 Grove Park Blvd. Jacksonville, FL. 32216	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2DV PARHAM, SHIRLEY <input checked="" type="checkbox"/> Delete 3801 CROWN POINT RD #2094 JACKSONVILLE FL 32257-8800		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: <u>SIGNATURE REQUIRED</u> 1-15-02 904-354-7707 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

CP2E037 (9/01)