

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 769884

1. Entity Name

SEVENTH JUNGLE DEN VILLAS ASSOCIATION, INC.

Principal Place of Business

1640 JUNO TRAIL
ASTOR FL 32102-4940

Mailing Address

1640 JUNO TRAIL
ASTOR FL 32102-4940

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

59-2401492

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

JOHNSON, NORD L.
233 EAST RICH AVENUE
DELAND FL 32724

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 ☐ Delete
NAME D
STREET ADDRESS LAURANCE, J. P
CITY-ST-ZIP 1640 JUNO TRAIL
ASTOR FL

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

TITLE ☐ Delete
NAME PD
STREET ADDRESS SPIVEY, JAMES W.
CITY-ST-ZIP 1640 JUNO TRAIL
ASTOR FL

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

TITLE ☐ Delete
NAME T
STREET ADDRESS BURNS, BETTY J.
CITY-ST-ZIP 1640 JUNO TR., 204F
ASTOR FL

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

TITLE ☐ Delete
NAME SD
STREET ADDRESS POURD, JANICE
CITY-ST-ZIP 1640 JN TR 204H
ASTOR FL 32102

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

TITLE ☐ Delete
NAME VPD
STREET ADDRESS POUND, ROBERT
CITY-ST-ZIP 1640 JUNO TR-204H
ASTOR FL 32102

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME Director
STREET ADDRESS Jack Ludwig
CITY-ST-ZIP 1640 Juno Trail - 102H
Astor, FL 32102

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:

Betty J. Burns
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/02

386-749-2727

Date

Daytime Phone #

CR2E037 (9/01)