2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Jan 21, 2004 8:00 am
Secretary of State
01-21-2004 90009 021 ****61.25

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1. Entity Name
COPELAND INDUSTRIAL PARK OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1006 SE 4TH STREET GAINESVILLE, FL 32601	1006 SE 4TH STREET GAINESVILLE, FL 32601

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01062004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3664751
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

O'STEEN, DEXTER
1006 SE 4TH STREET
GAINESVILLE, FL 32601

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	O'STEEN, DEXTER
STREET ADDRESS	1006 SE 4TH STREET
CITY-ST-ZIP	GAINESVILLE, FL 32601
TITLE	D
NAME	O'STEEN, BRAD
STREET ADDRESS	1006 SE 4TH STREET
CITY-ST-ZIP	GAINESVILLE, FL 32601
TITLE	D
NAME	O'STEEN, SARAJO
STREET ADDRESS	1006 SE 4TH STREET
CITY-ST-ZIP	GAINESVILLE, FL 32601
TITLE	D
NAME	O'STEEN, LISA
STREET ADDRESS	1006 SE 4TH STREET
CITY-ST-ZIP	GAINESVILLE, FL 32601
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 1-20-04 352-376-1634
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #