

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 10, 2005 8:00 am
Secretary of State

01-18-2005 90054 005 ****61.25

DOCUMENT # N00000003497

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



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

Mailing Address
**1006 SE 4TH STREET
GAINESVILLE, FL 32601**

66001590



01062005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
IN THIS SPACE**

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: *Dexter A. O'Steen*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-13-05

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

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	

**DO NOT WRITE
IN THIS SPACE**

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: *Lisa A. O'Steen* *Treasurer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-05

DATE

352-376-1134

Daytime Phone #