

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N00000003790**

1. Entity Name

THE NORTHEAST QUADRANT PROPERTY OWNERS' ASSOCIAT**FILED**
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90425 050 ****61.25

0000077

Principal Place of Business ONE INDEPENDENT DRIVE SUITE 3000 JACKSONVILLE FL 32202	Mailing Address ONE INDEPENDENT DRIVE SUITE 3000 JACKSONVILLE FL 32202
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753850

2. Principal Place of Business Rogers, Towers, Bailey, et al.	3. Mailing Address al. Rogers, Towers, Bailey, et al.
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Suite, Apt. #, etc. 1301 Riverplace Blvd., #1500	Suite, Apt. #, etc. 1301 Riverplace Blvd., #1500
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DO NOT WRITE IN THIS SPACE

City & State Jacksonville, FL	City & State Jacksonville, FL
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4. FEI Number

☒ Applied For
☐ Not Applicable

Zip 32207	Country Duval
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****MABM CORPORATE SERVICES, INC.
C/O CHARLES L. CRANFORD
ONE INDEPENDENT SQUARE SUITE 3000
JACKSONVILLE FL 32202****7. Name and Address of New Registered Agent**

Name Charles L. Cranford, Esquire
Street Address (P.O. Box Number is Not Acceptable) 1301 Riverplace Blvd. Suite 1500
City Jacksonville
State FL
Zip Code 32207

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

Charles L. Cranford

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

(NOTE: Registered Agent signature required when reinstating)

4/20/01

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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VP, Secretary, Director A. C. Skinner, III 6320 St. Augustine Road, Suite 5-A Jacksonville, FL 32217	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
VP, Director C. Brightman Skinner, Jr. 78 San Juan Drive Ponte Vedra Beach, FL 32082	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
VP Director David Jones Costco Wholesale Corporation 46000 Manekin Plaza, Sterling, VA 20166	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:**SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**David Jones**

Date

4/16/01**7034666374**

Daytime Phone #

CR2E037 (10/00)