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

## **FILED** Sep 17, 2001 8:00 am Secretary of State DOCUMENT # N0000005522 09-17-2001 90002 050 \*\*\*\*61.25 TIVOLI OWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 2955 HARTLEY ROAD STE 108 2955 HARTLEY ROAD STE 108 JACKSONVILLE FL 32257 JACKSONVILLE FL 32257 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Nymber 59-3660998 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \_\_\_\_\_ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) MATOVINA, GREGORY E 2955 HARTLEY ROAD STE 108 JACKSONVILLE FL 32257 City Zip Code FŁ 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 \$5.00 May Be Make Check Payable to Trust Fund Contribution. After September 12, 2001, min. will be \$236.25 Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. DP TITLE ☐ Delete TITLE Change Addition MATOVINA, GREGORY E NAME NAME STREET ADDRESS 2955 HARTLEY ROAD STE 108 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32257 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition MATOVINA, LESLIE H NAME 2955 HARTLEY ROAD STE 108 STREET ADDRESS STREET ADDRESS \_= ---CITY-ST-ZIP JACKSONVILLE FL 32257-CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition BORSTEIN, DONALD K NAME NAME STREET ADDRESS 2955 HARTLEY ROAD STE 108 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Jacksonville FL 32257 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ 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.

CITY-ST-ZIP

STREET ADDRESS

NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

Alglon

901-292-077P