

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2001 8:00 am**  
**Secretary of State**

04-28-2001 90022 012 \*\*\*\*61.25

**DOCUMENT # N00000006014**

1. Entity Name

**JULIAN COVE OWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**1660 PRUDENTIAL DRIVE SUITE 203  
 JACKSONVILLE FL 32207**

**1660 PRUDENTIAL DRIVE SUITE 203  
 JACKSONVILLE FL 32207**

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 **59-3670343**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SIMON, BERT C  
 1660 PRUDENTIAL DRIVE SUITE 203  
 JACKSONVILLE FL 32207**

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	DP	<input type="checkbox"/> Delete
NAME	<b>SIMON, BERT C</b>	
STREET ADDRESS	<b>1660 PRUDENTIAL DRIVE SUITE 203</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32207</b>	
TITLE	DST	<input type="checkbox"/> Delete
NAME	<b>SIMON, JOYCE M</b>	
STREET ADDRESS	<b>1660 PRUDENTIAL DRIVE SUITE 203</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32207</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>MANGUS, NANCY E</b>	
STREET ADDRESS	<b>1660 PRUDENTIAL DRIVE SUITE 203</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32207</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

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:** *Bert C. Simon* **SIGNATURE REQUIRED** **BERT C. SIMON, PRESIDENT 4/23/01 (904)399-0870**  
 \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)