

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # NO1000001592

1. Entity Name

BLUE JAY RIDGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

920 3RD ST., SUITE B  
NEPTUNE BCH FL 32266

Mailing Address

920 3RD ST., SUITE B  
NEPTUNE BCH FL 32266

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

59-3757990

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WALLACE, L. DENISE  
920 3RD ST., SUITE B  
NEPTUNE BCH FL 32266

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

DENISE L. WALLACE L. Denise Wallace  
3-22-02

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	KNOWLES, MARK A	
STREET ADDRESS	3840 CROWN POINT RD., SUITE A	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HOLLAND, BEVERLY J	
STREET ADDRESS	3840 CROWN POINT RD., SUITE A	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	STD	<input type="checkbox"/> Delete
NAME	WALLACE, L. DENISE	
STREET ADDRESS	920 3RD ST., SUITE B	
CITY-ST-ZIP	NEPTUNE BCH FL 32266	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

SIGNATURE: MARK A. KNOWLES

Date

1/9/02 9042688500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

FILED  
May 29, 2002 8:00 am  
Secretary of State

04-17-2002 90136 030 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)