

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 19, 2002 8:00 am**  
**Secretary of State**

03-19-2002 90031 009 \*\*\*\*61.25

DOCUMENT # N01000002870

1. Entity Name

Rabbit Ridge Homeowners Association, Inc.

**DO NOT WRITE IN THIS SPACE**

**425240**

2. Principal Place of Business

4501 Beverly Avenue

Suite, Apt. #, etc.

3. Mailing Address

4501 Beverly Avenue

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Jacksonville, Florida

Zip

32210

Country

USA

City & State

Jacksonville, Florida

Zip

32210

Country

USA

4. FEI Number

59-3719248

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Kenyon S. Atlee

Street Address (P.O. Box Number is Not Acceptable)

4501 Beverly Avenue

City

Jacksonville

FL

Zip Code  
32210

**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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25**  
**Initial or Amended UBR**

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

DP  
Atlee, Kenyon S.  
4501 Beverly Avenue  
Jacksonville, FL 32210

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VSTD  
Bradford, Eric N.  
4501 Beverly Avenue  
Jacksonville, FL 32210

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
Crisp, Dale K.  
4501 Beverly Avenue  
Jacksonville, FL 32210

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Kenyon S. Atlee*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2-6-02*  
Date

Daytime Phone #

CR2E037B (12/01)