

2002 UNIFORM BUSINESS REPORT (UBR) AMENDED

DOCUMENT # NO1000002870

1. Entity Name

RABBIT RIDGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

4501 BEVERLY AVE
JACKSONVILLE FL 32210

4501 BEVERLY AVE
JACKSONVILLE FL 32210

2. Principal Place of Business

2215 E State Rd 200

3. Mailing Address

PO Box 1987

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Yulee FL

City & State

Yulee FL

Zip

32097

Country

US

Zip

32097

Country

US

4. FEI Number

37-3719248

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ATLEE, KENYON S
4501 BEVERLY AVE
JACKSONVILLE FL 32210

7. Name and Address of New Registered Agent

Name TERRELL J POWELL

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

2215 E State Rd 200

City Yulee

FL

32097

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.

TERRELL J POWELL

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-6-02

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 DP
NAME ATLEE, KENYON S
STREET ADDRESS 4501 BEVERLY AVE
CITY-ST-ZIP JACKSONVILLE FL 32210 ☐ Delete

TITLE VSTD
NAME BRADFORD, ERIC N
STREET ADDRESS 4501 BEVERLY AVE
CITY-ST-ZIP JACKSONVILLE FL 32210 ☐ Delete

TITLE D
NAME CRISP, DALE K
STREET ADDRESS 4501 BEVERLY AVE
CITY-ST-ZIP JACKSONVILLE FL 32210 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/01

Date

904 384 8611

Daytime Phone #

CR2037 (9/01)