

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State

02-21-2002 90113 023 ****61.50

DOCUMENT # N01000002975

1. Entity Name

BUCKHEAD PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**2120 CORPORATE SQ BLVD. STE 3
JACKSONVILLE FL 32216****2120 CORPORATE SQ BLVD. STE 3
JACKSONVILLE FL 32216**

2. Principal Place of Business

18500 MACLENNY RD.

3. Mailing Address

18500 MACLENNY RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MAXVILLE, FL

City & State

MAXVILLE, FL

4. FEI Number

01-6580694

Applied For

Not Applicable

Zip

32234

Country

USA

Zip

32234

Country

USA5. 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

**STOKES, MICHAEL H
540 W MILL ST
BALDWIN FL 32234**

Name

MICHAEL H. STOKES

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

18500 MACLENNY RD

City

MAXVILLE**FL**

Zip Code

32234

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 \$81.259. 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	STOKES, MICHAEL H	"D"
STREET ADDRESS	540 W MILL ST	
CITY-ST-ZIP	BALDWIN FL 32234	

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	FORD, TIM	"D"
STREET ADDRESS	2120 CORPORATE SQ BLVD, STE 27	
CITY-ST-ZIP	JACKSONVILLE FL 32216	

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

TITLE	DST	<input checked="" type="checkbox"/> Delete
NAME	CARPENTER, KATHERINE S	
STREET ADDRESS	2120 CORPORATE SQ BLVD, STE 3	
CITY-ST-ZIP	JACKSONVILLE FL 32216	

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

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

TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jon: Byars	"D"
STREET ADDRESS	18500 macleenny rd	
CITY-ST-ZIP	maxville FL 32234	

TITLE		<input type="checkbox"/> Delete
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"/> Delete
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:**REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-02

Date

904-289-7000

Daytime Phone #

CR2E037 (9/01)