## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N0100004137

1. Entity Name

RICHARD GLEN HOMEOWNERS ASSOCIATION, INC.



**FILED** Mar 07, 2003 8:00 am Secretary of State

03-07-2003 90067 029 \*\*\*\*61.25



ZP Country Zp Country S. Certificate of Status Desired Sp. 75. Act fee Required Sp. 75. Act fee			
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Suite. Apt. #, etc.    Suite. Apt. #, etc.			
City & Slate			
ZP Country Zp Country S. Certificate of Status Desired Sp. 75. Act fee Required Sp. 75. Act fee	CHECK HERE IF MAKING CHANGES		
S. Name and Address of Current Registered Agent  S. Name and Address of Current Registered Agent  JOHNS, KENNETH L JR.  JOHNS, KENNETH L JR.  JOHNS KENNETH L JR.  JACKSOMILLE FL 32256  City  FL  Zip Country  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Country  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Country  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box	Applied For Not Applicable		
JOHNS, KENNETH L JR   Street Address (P.O. Box Number is Not Acceptable)	dditional		
JOHNS, KENNETH L JR.  9458 PHILIPS HWY  STE 1  JACKSONVILLE FL 32256  City  FL  Zip Cool  6. 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. I am familiar with, the obligations of registered agent.  SIGNATURE  Signature have do privationare of registered eyent and title if approache  FILE NOW: FEE IS \$61,25  9. Election Campalgn Financing Trust Fund Contribution.  Added to Fees  Make Check Payable Florida Department of S  Title NAME STREET ADDRESS  TITLE  DANIELS, PHIL  DOAN, JAN J  SIREST ADDRESS  TITLE  CARDEN  CARDEN  TITLE  DOAN,			
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8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, the obligations of registered agent.  SIGNATURE  SIGNATURE  FILE NOW: FEE IS \$61.25  9. Election Campaign Financing			
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12. I hereby certify that the information supplied with this filling 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:** 

2/27/03