

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90412 026 \*\*\*\*61.25

**DOCUMENT # N01000005303**

1. Entity Name

**SUNBEAM ROAD PROFESSIONAL PARK OWNER'S ASSOCIATI  
 ON, INC.**

Principal Place of Business

Mailing Address

POST OFFICE BOX 551260  
 JACKSONVILLE FL 32255-1260

POST OFFICE BOX 551260  
 JACKSONVILLE FL 32255-1260

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

**59-3735769**

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

**ANSBACHER, LAWRENCE V**  
**5150 BELFORT ROAD**  
**BUILDING 100**  
**JACKSONVILLE FL 32258**

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 \_\_\_\_\_  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	PSD ANGELO, MARC <input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	113-300 SAN JOSE BLVD. JACKSONVILLE FL 32223
TITLE NAME	VTD SPINKS, RICKY <input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	113-300 SAN JOSE BLVD. JACKSONVILLE FL 32223
TITLE NAME	D SCHULTZ, JOHN R <input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	118 WEST ADAMS STREET, SUITE 6 JACKSONVILLE FL 32202
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	

TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	11363-300 San Jose Blvd
TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	11363-300 San Jose Blvd
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/10/02**  
Date

**904-268-2047**  
Daytime Phone #

00000940  
 CR2E037 (9/01)