

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

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90157 048 ****61.25

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DOCUMENT # NO1000005303

1. Entity Name

SUNBEAM ROAD PROFESSIONAL PARK OWNER'S ASSOCIATION, INC.



Principal Place of Business

POST OFFICE BOX 551260
JACKSONVILLE FL 32255-1260

Mailing Address

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

CHECK HERE IF MAKING CHANGES



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 32256

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE	D/P/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rosenbaum, Jerrrd	
STREET ADDRESS	6225 Powers Avenue	
CITY-ST-ZIP	JACKSONVILLE, FL 32217	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Angelo, Beth	
STREET ADDRESS	6225 Powers Avenue	
CITY-ST-ZIP	JACKSONVILLE, FL 32217	
TITLE	D/MS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brown, Shirley	
STREET ADDRESS	6225 Powers Avenue	
CITY-ST-ZIP	JACKSONVILLE, FL 32217	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

APR 01 RECD

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: Jerrrd Rosenbaum DIRECTOR 3/31/03 904-737-0811

CR2E037 (10/02)