# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 17, 2002 8:00 am**
**Secretary of State**
05-17-2002 90043 024 ****61.25

DOCUMENT # N01000005585

1. Entity Name
JACKSONVILLE BEACH RESIDENT MANAGEMENT CORP.

Principal Place of Business
542 7TH AVE SOUTH
JACKSONVILLE FL 32250

Mailing Address
542 7TH AVE SOUTH
JACKSONVILLE FL 32250

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 123 8th St. South
Suite, Apt. #, etc.
City & State: Jax Bch, Fl. 32250
Zip: 32250 Country: USA

3. Mailing Address: 542 7th Ave. South
Suite, Apt. #, etc.
City & State: Jax Bch, Fl. 32250
Zip: 32250 Country: USA

4. FEI Number: 59-3601840 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
CLARKE, SHIRLEY
542 7TH AVE SOUTH
JACKSONVILLE FL 32250

7. Name and Address of New Registered Agent
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: Shirley Clarke, President 4/22/02
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

| | | |
|---|---|---|
| TITLE | PCD | ☐ Delete |
| NAME | CLARKE, SHIRLEY | |
| STREET ADDRESS | 542 7TH AVE SOUTH | |
| CITY-ST-ZIP | JACKSONVILLE FL 32250 | |
| TITLE | VCD | ☒ Delete |
| NAME | JACKSON, CATHERINE | |
| STREET ADDRESS | 542 7TH AVE SOUTH | |
| CITY-ST-ZIP | JACKSONVILLE FL 32250 | |
| TITLE | SD | ☒ Delete |
| NAME | JACKSON, MARIA | |
| STREET ADDRESS | 542 7TH AVE SOUTH | |
| CITY-ST-ZIP | JACKSONVILLE FL 32250 | |
| TITLE | SD | ☒ Delete |
| NAME | WILLIAMS, PATRICIA | |
| STREET ADDRESS | 542 7TH AVE SOUTH | |
| CITY-ST-ZIP | JACKSONVILLE FL 32250 | |
| TITLE | TD | ☒ Delete |
| NAME | HAMPTON, PHYLLIS | |
| STREET ADDRESS | 542 7TH AVE SOUTH | |
| CITY-ST-ZIP | JACKSONVILLE FL 32250 | |
| TITLE | T | ☒ Delete |
| NAME | DAVIS, JENNIFER | |
| STREET ADDRESS | 542 7TH AVE SOUTH | |
| CITY-ST-ZIP | JACKSONVILLE FL 32250 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|---|---|---|
| TITLE | | ☐ Change ☐ Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | V.P. | ☒ Change ☐ Addition |
| NAME | LeaWeatha Thomas | |
| STREET ADDRESS | 803 5th Ave South | |
| CITY-ST-ZIP | Jax Bch, Fl. 32250 | |
| TITLE | Sec | ☒ Change ☐ Addition |
| NAME | Erna McClain | |
| STREET ADDRESS | 923 1st Ave South (C) | |
| CITY-ST-ZIP | Jaxville, Fl. 32250 | |
| TITLE | Asst Sec | ☒ Change ☐ Addition |
| NAME | Koleta Cutler | |
| STREET ADDRESS | 831 1st Ave. South | |
| CITY-ST-ZIP | Jax Bch, Fl. 32250 | |
| TITLE | Trea | ☒ Change ☐ Addition |
| NAME | Gwendolyn Kemp | |
| STREET ADDRESS | 916 4th Ave South | |
| CITY-ST-ZIP | Jaxville, Bch, Fl 32250 | |
| TITLE | Asst Trea | ☒ Change ☐ Addition |
| NAME | Barbara Reeder | |
| STREET ADDRESS | 520 1st Ave South | |
| CITY-ST-ZIP | Jaxville Bch, Fl. 32250 | |

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: Shirley Clarke
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Attachment 2nd pg. No 100000055585 662476

Jax Bch RMC

| 11. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|
| TITLE Chap<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Carrie McGruder<br>923 1st Ave South (B)<br>Jax, Fl. 32250 | ☐ Change ☐ Ac |
| TITLE Asst Chap<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Christie McNeil<br>819 1st Ave (B) South<br>Jax Bch, Fl. 32250 | ☐ Change ☐ Ac |
| TITLE Sgt at Arms<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Ruby Brooks<br>807 1st Ave. South (C)<br>Jax Beach, Fl. 32250 | ☐ Change ☐ Ac |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Change ☐ A |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Change ☐ A |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Change ☐ A |

DOC. #

# 100000 5585

Attachment to N01000005585

6627776

# State of Florida

## Department of State

I certify the attached is a true and correct copy of the Articles of Incorporation of JACKSONVILLE BEACH RESIDENT MANAGEMENT CORP., a Florida corporation, filed on August 7, 2001, as shown by the records of this office.

The document number of this corporation is N01000005585.

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capitol, this the
Eighth day of August, 2001

GREAT SEAL OF THE STATE OF FLORIDA
IN GOD WE TRUST

CR2EO22 (1-99)

Katherine Harris

Katherine Harris
Secretary of State