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

Mailing Address

DOCUMENT # N0200002093

THE JUNIOR STREET OFFICE COMPLEX OWNERS ASSOCIAT ION, INC.



FILED Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90428 007 ****61.25

Principal Place	of Business	Mailing A	Address						
111 OAKWOOD	DRIVE		VOOD DRIVE				4000504	19	
MAITLAND FL 32751		MAITLAN) FL 32751			70005843			
						LOOISIDE DIE 1014	MINI SONE SONE SOM DE MI DE MI	A HARA ARAN KANI	1 HIL 11 CL
		0.14-00-	- Address						
2. Principal Pl	ace of Business	3. Mailing	g Address			t 1685ilul Bil 683il		R HIGH GRIER INIE	10 1161 1001
Cuite Ant # oto			Suite, Apt. #, etc.			\dashv	☐ CHECK HERE IF MAKING CHANGES		
Suite, Apt. #, etc.			duite, Apt. #, Gio.			CHECK HERE IF MAKING CHANGES			
City & State		City	City & State			4. FEI Number		App	olied For
ony a olaic	•	1				Not Applicable			
Zip	Country	Zip	Zip C		ntry 5. Certificate of Status Desired \$8.75 Addition Fee Required		tional		
								·	
	6. Name and Address of Current	t Registered	Agent			7. Name and Addre	ss of New Registered A	gent	
					Name				
THREADG	ILL, ROBERT H				Street Address (P.O. Box Number is Not Acceptable				
111 OAKWOOD DRIVE			Sileet Address			(I.o. box rumber to recorded to			
) FL 32751								
					City			Zip Code	
					*		FL	<u> </u>	
8. The above	named entity submits this statement f	for the purpos	se of changing its	register	ed office or regis	stered agent, or both, in th	e State of Florida. I am f	amiliar with, a	and accept
thể obligat	ons of registered agent.								
SIGNATURE .	·		·						
0,0,2	Signature, typed or printed name of registered ager	nt and title if applic	able. (NOTE	: Registere	d Agent signature requ	uired when reinstating)	DATE		
-			·		-				
FILE NOW: FEE IS \$61.25			9. Election Campaign Financing			\$5.00 May Be	Make Check		
FILE NOW: FEE 15 \$01.25			Trust Fund Contribution.			Added to Fees	Florida Depart	lment of S	itate
						**************************************	TO OFFICERS AND DI	DECTORS IN	10
10.	OFFICERS AND D	DIRECTORS		11.		ADDITIONS/CHANGE	S TO OFFICERS AND DI		Addition
TITLE	D SUPERIOR F		Delete	TITL				☐ Change	
NAME	THREADGILL, EUGENE É			NAN	- I				
STREET ADDRESS	1026 DELF DRIVE				EET ADDRESS				
CITY-ST-ZIP	MCLEAN VA 22101			CITY	/-ST-ZIP	 			
TITLE	D		Delete	TITL				☐ Change	☐ Addition
NAME	THREADGILL, ROBERT H			NAM				_	
STREET ADDRESS	111 OAKWOOD DRIVE				EET ADDRESS Y-ST-ZIP		والمواقعية والمستورية		
CITY-ST-ZIP	MAITLAND FL 32751				1-51-ZIP	<u></u>	<u> </u>		- Addition
TITLE	D		☐ Delete	TITL				☐ Change	☐ Addition
NAME	THREADGILL, SAMUEL J			NAM					
STREET ADDRESS	1410 SEAGULL DR.S.				EET ADDRESS Y-ST-ZIP				Ì
CITY-ST-ZIP	ST. PETERSBURG FL 33707					***		Change	☐ Addition
TITLE			Delete	TITI	l.			☐ Change	☐ Addition
NAME				NAM					
STREET ADDRESS					EET ADDRESS				ļ
CITY-ST-ZIP				-	Y-ST-ZIP			[7] Change	☐ Addition
TITLE			☐ Delete	TITI				Change	
NAME				NAM					
STREET ADDRESS					REET ADDRESS				
CITY-ST-ZIP					Y-ST-ZIP			<u> По</u>	[T] Addition
TITLE			☐ Delete	TIT				Change	Addition
NAME				NAI STE	REET ADDRESS				
STREET ADDRESS					Y-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: