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

FILED
May 19, 2003 8:00 am
Secretary of State
05-19-2003 90226 015 ****61.25

DOCUMENT # N02000003617

1. Entity Name
YOUNGERMAN CIRCLE DRAINAGE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
200 WEST FORSYTH STREET SUITE 1400 JACKSONVILLE FL 32202	200 WEST FORSYTH STREET SUITE 1400 JACKSONVILLE FL 32202

X CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
4315 PABLO OAKS COURT	4315 PABLO OAKS COURT
Suite, Apt. #, etc.: SUITE 1	Suite, Apt. #, etc.: SUITE 1
City & State: JACKSONVILLE, FL	City & State: JACKSONVILLE, FL
Zip: 32224-9667 Country: USA	Zip: 32224-9667 Country: USA

4. FEI Number: 22-3868657 ☐ 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
JENKS, THOMAS M 200 WEST FORSYTH STREET SUITE 1400 JACKSONVILLE FL 32202	Name: WALLACE, L. DENISE Street Address (P.O. Box Number is Not Acceptable): 4315 PABLO OAKS COURT, SUITE 1 City: JACKSONVILLE FL Zip Code: 32224-9667

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: L. Denise Wallace — 4/23/03
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 Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD L. DENISE WALLACE 4315 PABLO OAKS DRIVE #1 JACKSONVILLE FL 32224	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	4315 PABLO OAKS COURT, #1	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD TERRY, STEVE 4315 PABLO OAKS DRIVE #1 JACKSONVILLE FL 32224	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	4315 PABLO OAKS COURT, #1	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD KUNKLE, JOHN 4315 PABLO OAKS DRIVE #1 JACKSONVILLE FL 32224	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD KUNKEL, JOHN 4315 PABLO OAKS COURT, #1 JACKSONVILLE, FL 32224	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E037 (10/02)

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: L. Denise Wallace REQUIRED — L. Denise Wallace, President — 4/23/03 — 904/482-1100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #