

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90031 049 ****61.25

DOCUMENT # N05733

1. Entity Name

THE SOUTHPOINTE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**5303 ORTEGA BLVD.
 UNIT 104
 JACKSONVILLE FL 32210
 US**

**5303 ORTEGA BLVD.
 UNIT 104
 JACKSONVILLE FL 32210
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2458071

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**STALLINGS, GEORGE B JR
 5303 ORTEGA BLVD.
 UNIT 104
 JACKSONVILLE FL 32210**

Name
George B. Stallings, Jr.
 Street Address (P.O. Box Number is Not Acceptable)
5303 Ortega Blvd., Unit 104
 City **Jacksonville** FL Zip Code **32210**

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 George B. Stallings, Jr., Treasurer
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Feb. 7, 2002
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 | PD | <input type="checkbox"/> Delete |
| NAME | IRA, STEWART | |
| STREET ADDRESS | 5303 ORTEGA BLVD UNIT 204 | |
| CITY-ST-ZIP | JACKSONVILLE FL 32210 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BONEY, PAISLEY | |
| STREET ADDRESS | 5303 ORTEGA BLVD UNIT 208 | |
| CITY-ST-ZIP | JACKSONVILLE FL 32210 | |
| TITLE | VPD | <input type="checkbox"/> Delete |
| NAME | BRINKLEY, ROGER | |
| STREET ADDRESS | 5303 ORTEGA BLVD. UNIT 203 | |
| CITY-ST-ZIP | JACKSONVILLE FL 32210 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | LOUISE, TAYLOR | |
| STREET ADDRESS | 5303 ORTEGA BLVD UNIT 305 | |
| CITY-ST-ZIP | JACKSONVILLE FL 32210 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | STALLINGS, MARTHA | |
| STREET ADDRESS | 5303 ORTEGA BLVD UNIT 101 | |
| CITY-ST-ZIP | JACKSONVILLE FL 32210 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | DITTMAR, C. HARRIS | |
| STREET ADDRESS | 5303 ORTEGA BLVD. UNIT 104 | |
| CITY-ST-ZIP | JACKSONVILLE FL 32210 | |

| | | |
|----------------|-----------------------------|--|
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Carol Ducote | |
| STREET ADDRESS | 5303 Ortega Blvd., Unit 102 | |
| CITY-ST-ZIP | Jacksonville, FL 32210 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Sue Culpepper | |
| STREET ADDRESS | 5303 Ortega Blvd., Unit 206 | |
| CITY-ST-ZIP | Jacksonville, FL 32210 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Jill Sprunt | |
| STREET ADDRESS | 5303 Ortega Blvd., Unit 103 | |
| CITY-ST-ZIP | Jacksonville, FL 32210 | |
| TITLE | TD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | George B. Stallings, Jr. | |
| STREET ADDRESS | 5303 Ortega Blvd., Unit 104 | |
| CITY-ST-ZIP | Jacksonville, FL 32210 | |
| 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 | | |

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: George B. Stallings, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 7, 2002
Date

(404) 384-5254
Daytime Phone #

CR2E037 (9/01)