

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N27918**

1. Entity Name

VILLAGE HOMEOWNERS OF JAX, INC.**FILED****Mar 08, 2000 8:00 am**
Secretary of State

03-08-2000 90026 016 ****61.25

Principal Place of Business

Mailing Address

VIRGINIA A. STARKS
10960 BEACH BLVD., #341
JACKSONVILLE FL 32246
US**VIRGINIA A. STARKS**
10960 BEACH BLVD., #341
JACKSONVILLE FL 32246-4857
US

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

59-2931619

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**7. Name and Address of New Registered Agent****STARKS, VIRGINIA A**
10960 BEACH BLVD., #341
JACKSONVILLE FL 32246

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. 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** ☐ Delete
NAME **SPRINGER, JAMES**
STREET ADDRESS **10960 BEACH BLVD #455**
CITY-ST-ZIP **JACKSONVILLE FL 32246**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VD** ☐ Delete
NAME **KOFKE, CAROL**
STREET ADDRESS **10960 BEACH BLVD., #337**
CITY-ST-ZIP **JACKSONVILLE FL 32246**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **SD** ☒ Delete
NAME **SAVAGE, CONNIE**
STREET ADDRESS **10960 BEACH BLVD., #297**
CITY-ST-ZIP **JACKSONVILLE FL 32246**TITLE **SD** ☒ Change ☐ Addition
NAME **SANDRA CAREY**
STREET ADDRESS **10960 BEACH BLVD., #319**
CITY-ST-ZIP **JACKSONVILLE FL 32246**TITLE **VD** ☐ Delete
NAME **STARKS, VIRGINIA A**
STREET ADDRESS **10960 BEACH BLVD.#341**
CITY-ST-ZIP **JACKSONVILLE FL 32246**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **TD** ☒ Delete
NAME **MATTISON, NANCE**
STREET ADDRESS **10960 BEACH BLVD., #297**
CITY-ST-ZIP **JACKSONVILLE FL 32246**TITLE **TD** ☒ Change ☐ Addition
NAME **MARY ARUNDALE**
STREET ADDRESS **10960 BEACH BLVD.#357**
CITY-ST-ZIP **JACKSONVILLE FL 32246**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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:

MARY ARUNDALE
Mary Arundale (TD)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/4/2000 904-641-5831