

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N29246

1. Entity Name

ASSOCIATION OF VILLAGES OF FIRESIDE, INC.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90110 015 ****61.25

Principal Place of Business

2215 E STATE ROAD 200
 YULEE F 32097
 US

Mailing Address

P.O. BOX 1987
 YULEE FL 32041-1987
 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 **59-2916816**

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

POWELL, TERRELL J
 2215 E. STATE ROAD 200
 YULEE FL 32097

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 \$61.25

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 **DP** ☐ Delete
 NAME **JOHNS, KENNETH L**
 STREET ADDRESS **11217 SAN JOSE BLVD.**
 CITY-ST-ZIP **JACKSONVILLE FL 32223**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DV** ☒ Delete
 NAME **ZAKOSKE, JOHN E**
 STREET ADDRESS **11217 SAN JOSE BLVD**
 CITY-ST-ZIP **JACKSONVILLE FL 32223**

TITLE **DV** ☐ Change ☒ Addition
 NAME **COX, ELINORE C.**
 STREET ADDRESS **3030 HARTLEY ROAD, SUITE 100**
 CITY-ST-ZIP **JACKSONVILLE, FLORIDA 32257**

TITLE **DS** ☒ Delete
 NAME **ARNOLD, CHARLES W III**
 STREET ADDRESS **11217 SAN JOSE BLVD**
 CITY-ST-ZIP **JAX FL 32223**

TITLE **DS** ☐ Change ☒ Addition
 NAME **DUNBAR, DEBORAH H.**
 STREET ADDRESS **3030 HARTLEY ROAD, SUITE 100**
 CITY-ST-ZIP **JACKSONVILLE, FLORIDA 32257**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-15-00 904 262 7718

CR2E037 (9/99)