

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90069 039 *****70.00

DOCUMENT # N29246

1. Entity Name

ASSOCIATION OF VILLAGES OF FIRESIDE, INC.

Principal Place of Business

Mailing Address

2215 E STATE ROAD 200
YULEE F 32097
US

P.O. BOX 1987
YULEE FL 32041
US

2. Principal Place of Business

3. Mailing Address

1732 Kingsley Ave

1732 Kingsley Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste 202

Ste 202

City & State

City & State

Orange Park, FL

Orange Park, FL

Zip

Country

Zip

Country

32073 USA

32073 USA

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

Alan Perry

Street Address (P.O. Box Number is Not Acceptable)

1732 Kingsley Ave, Ste 202

City

FL

Zip Code

32073

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]

ALAN PERRY

12 Feb 02

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	<input checked="" type="checkbox"/> Delete
NAME	JONEIKIS, JOHN	
STREET ADDRESS	3347 CHIMNEY DRIVE	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	THOMAS, PAMELA	
STREET ADDRESS	2996 CHASE RIDGE DRIVE	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	KUDER, NICK	
STREET ADDRESS	2479 MOON HARBOR WAY	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE	DT	<input type="checkbox"/> Delete
NAME	NERO, GABRIEL	
STREET ADDRESS	2959 CHASE RIDGE DRIVE	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE	D	<input type="checkbox"/> Delete
NAME	PARKER, ALLEN	
STREET ADDRESS	3181 CHIMNEY DRIVE	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LINK, JAMES	
STREET ADDRESS	3199 CHIMNEY DRIVE	
CITY-ST-ZIP	MIDDLEBURG FL 32068	

TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John Joneikis	
STREET ADDRESS	3347 Chimney Dr.	
CITY-ST-ZIP	Middleburg, FL	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James W. Reynolds	
STREET ADDRESS	2021 Glitter Ct.	
CITY-ST-ZIP	Middleburg FL 32068	
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		
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Steve Ozgovicz	
STREET ADDRESS	3179 Fieldcrest Dr	
CITY-ST-ZIP	Middleburg, FL 32068	

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)