

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 05, 2005 8:00 am
Secretary of State

07-05-2005 90111 013 ****61.25

DOCUMENT # N29267

1. Entity Name
**BUSCH DRIVE BUSINESS PARK OWNERS'
ASSOCIATION, INC.**



Principal Place of Business
**%EDWARD C. AKEL, ATTORNEY
1 INDEPENDENT DR., SUITE 2301
JACKSONVILLE, FL 32202**

Mailing Address
**%EDWARD C. AKEL, ATTORNEY
1 INDEPENDENT DR., SUITE 2301
JACKSONVILLE, FL 32202**

50054388



06212005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-3444908

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**AKEL, EDWARD C ATTORNE
1 INDEPENDENT DRIVE
SUITE 2301
JACKSONVILLE, FL 32202**

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
RINGHAVER, RANDAL L
8050 PHILIPS HIGHWAY
JACKSONVILLE, FL 32256**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
STEED, DENNIS
8050 PHILIPS HIGHWAY
JACKSONVILLE, FL 32256**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
O'BRIEN, ASSUMPTA
8050 PHILIPS HIGHWAY
JACKSONVILLE, FL 32256**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: **Dennis STEED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **6/28/05** Daytime Phone # **904-737-7730**