

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N37611

1. Entity Name

THE HAMPTON GLEN AT DEERWOOD ASSOCIATION, INC.

Principal Place of Business

Mailing Address

HAMPTON AT DEERWOOD  
8515 HAMPTON RIDGE BLVD.  
JACKSONVILLE FL 32256

8515 HAMPTON RIDGE BLVD.  
JACKSONVILLE FL 32256

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 59-3020967

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

JENKS, THOMAS  
200 WEST FORSYTH STREET, SUITE 1400  
JACKSONVILLE FL 32202-4327

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 S  
NAME FAY, PAULA ☐ Delete  
STREET ADDRESS 8521 HUNTERS CREEK DR N  
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE S ☒ Change ☐ Addition  
NAME Susan Karn  
STREET ADDRESS 10255 Heather Glen Drive South  
CITY-ST-ZIP Jacksonville, FL 32256

TITLE TD ☐ Delete  
NAME MOODY, JAMES A  
STREET ADDRESS 8641 AUTUMN GREEN DRIVE  
CITY-ST-ZIP JACKSONVILLE FL 32256

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

TITLE PD ☐ Delete  
NAME SING-SMITH, SHERI  
STREET ADDRESS 8501 HEATHER RUN DRIVE NORTH  
CITY-ST-ZIP JACKSONVILLE FL 32256

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

TITLE VPD ☐ Delete  
NAME SHEPPARD, CHARLIE  
STREET ADDRESS 8620 PEBBLE CREEK LANE  
CITY-ST-ZIP JACKSONVILLE FL 32256

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

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  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)