

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N39747

1. Entity Name

COPPER HILL FOUR HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

PO BOX 26707
JACKSONVILLE FL 32226
US

Mailing Address

PO BOX 26707
JACKSONVILLE FL 32226
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

59-3045884

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

TATE, LELIA
5973 COPPER CREEK DR
JACKSONVILLE FL 32218

Name

Joseph Tate

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

5973 Copper Creek Dr

City

Jacksonville

FL

Zip Code
32218

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

Joseph Tate

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

(NOTE: Registered Agent signature required when reinstating)

February 5, 2001

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 TATE, JOSEPH
STREET ADDRESS 5973 COPPER CREEK DR
CITY-ST-ZIP JACKSONVILLE FL 32218

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

TITLE DV ☐ Delete
NAME WILSON, ELLIS
STREET ADDRESS 5948 COPPER CREEK DR
CITY-ST-ZIP JACKSONVILLE FL 32218

TITLE DS ☐ Change ☒ Addition
NAME Wilson, Ellis
STREET ADDRESS 5948 Copper Creek Dr
CITY-ST-ZIP Jacksonville, FL 32218

TITLE DT ☐ Delete
NAME JACKSON, GLADYS
STREET ADDRESS 5836 COPPER CREEK DR.
CITY-ST-ZIP JACKSONVILLE FL 32218

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

TITLE DS ☒ Delete
NAME TATE, LELIA H
STREET ADDRESS 5973 COPPER CREEK DR
CITY-ST-ZIP JACKSONVILLE FL 32218

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:

Joseph Tate Joseph Tate

February 5, 2001

904-765-3746

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

FILED
Apr 06, 2001 8:00 am
Secretary of State

04-06-2001 90014 050 ****61.25



DO NOT WRITE IN THIS SPACE

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