

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N41942

1. Entity Name

CENTER POINT BUSINESS PARK ASSOCIATION, INC.

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90097 044 ****61.25

Principal Place of Business

Mailing Address

4190 BELFORT RD
 SUITE 160
 JACKSONVILLE FL 32216
 US

65 VALLEY STREAM PARKWAY
 MALVERN PA 19355

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

59-3597101

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

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301

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 PD ☒ Delete
 NAME CASTORINA, JOHN A
 STREET ADDRESS 4190 BELFORT RD STE 160
 CITY-ST-ZIP JACKSONVILLE FL 32216

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

TITLE DVT ☐ Delete
 NAME CROSS, RICHARD B
 STREET ADDRESS 4190 BELFORT RD STE 160
 CITY-ST-ZIP JACKSONVILLE FL 32216

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

TITLE S ☒ Delete
 NAME WASHINGTON, EDWARD R
 STREET ADDRESS 4190 BELFORT RD STE 160
 CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE SPD ☒ Change ☐ Addition
 NAME WASHINGTON, EDWARD R
 STREET ADDRESS 4190 BELFORT RD STE 160
 CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE D ☐ Delete
 NAME VIC SUMMERS
 STREET ADDRESS 8443 BAYMEADOWS RD
 CITY-ST-ZIP JACKSONVILLE FL

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 of Edward R. Washington
 SIGNATURE OF TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Edward R. Washington

4/22/02

Date

904-296-1776

Daytime Phone #

CR2E037 (9/01)