

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 14, 2003 8:00 am**  
**Secretary of State**

02-14-2003 90191 010 \*\*\*\*61.25

**DOCUMENT # N41942**

1. Entity Name

**CENTER POINT BUSINESS PARK ASSOCIATION, INC.**



Principal Place of Business

**4190 BELFORT RD  
SUITE 160  
JACKSONVILLE FL 32216  
US**

Mailing Address

**65 VALLEY STREAM PARKWAY  
MALVERN PA 19355**

**10021295**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3597101**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

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. 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

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

TITLE **SPD** ☒ Delete  
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 ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **President, Director** ☒ Change ☐ Addition  
NAME **Washington, Edward R.**  
STREET ADDRESS **4190 Belfort Rd., Ste. 160**  
CITY-ST-ZIP **Jacksonville, FL 32216**

TITLE **Vice President, Treasurer, Director** ☐ Change ☒ Addition  
NAME **Taunton, Jackson**  
STREET ADDRESS **4190 Belfort Rd., Ste. 160**  
CITY-ST-ZIP **Jacksonville, FL 32216**

TITLE **Secretary, Director** ☐ Change ☒ Addition  
NAME **McClelland, Jodie**  
STREET ADDRESS **4190 Belfort Rd., Ste. 160**  
CITY-ST-ZIP **Jacksonville, FL 32216**

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

TITLE ☐ Change ☐ Addition  
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 Required**

**2/17/03**

**904-296-1776**

CR2E037 (10/02)