

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2001 8:00 am
Secretary of State
 02-07-2001 90181 008 ****61.25

DOCUMENT # N43024

1. Entity Name

ASHLEY OAKS CIVIC ASSOCIATION, INC.

Principal Place of Business

3718 FALLEN OAKS DR
 JACKSONVILLE FL 32277-9704
 US

Mailing Address

P O BOX 11065
 JACKSONVILLE FL 32239

619693

2. Principal Place of Business

3. Mailing Address

3715 FALLON OAKS DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

JACKSONVILLE FL

City & State

Zip

Country

32277-9704 USA

Zip

Country

4. FEI Number

59-3060707

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROPER, REGINALD L
 3718 FALLEN OAKS DR
 JACKSONVILLE FL 32277-9704

7. Name and Address of New Registered Agent

Name BRIAN P. DORAN

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

3715 FALLON OAKS DR

City

JACKSONVILLE

FL

Zip Code

32277-9704

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

Brian P. Doran

2/3/01

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

TITLE PD
 NAME DORAN, BRIAN P
 STREET ADDRESS 3715 FALLON OAKS DR
 CITY-ST-ZIP JACKSONVILLE FL 32277-9704 ☐ Delete

TITLE VD
 NAME SMITH, LEAH
 STREET ADDRESS 3828 FEATHER OAKS DRIVE EAST
 CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

TITLE SD
 NAME BRENDLER, MARTHA SUE
 STREET ADDRESS 3718 MANOR OAKS DR
 CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

TITLE TD
 NAME ROPER, REGINALD L
 STREET ADDRESS 3718 FALLEN OAKS DRIVE
 CITY-ST-ZIP JACKSONVILLE FL 32277-8304 ☐ Delete

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 PD ☒ Change ☐ Addition
 NAME ROPER, REGINALD L
 STREET ADDRESS 3718 FALLEN OAKS DR
 CITY-ST-ZIP JACKSONVILLE, FL 32277-9704

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

TITLE SD ☒ Change ☐ Addition
 NAME SCHACKMANN, DIANA
 STREET ADDRESS 3809 FEATHER OAKS DR
 CITY-ST-ZIP JACKSONVILLE, FL 32277-9704

TITLE ☒ Change ☐ Addition
 NAME DORAN, BRIAN P
 STREET ADDRESS 3715 FALLON OAKS DR
 CITY-ST-ZIP JACKSONVILLE, FL 32277-9704

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:

Brian P. Doran

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/01 (904) 390-1418

Date

Daytime Phone #

CR2E037 (10/00)