

2001 UNIFORM BUSINESS REPORT (UBR)

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

2. Principal Place of Business

3715 FALLEN OAKS DR.

3. Mailing Address

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

Zip

32277-9704

Country

USA

City & State

Zip

Country

FILED
Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90181 008 ****61.25

619693



DO NOT WRITE IN THIS SPACE

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 FALLEN 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

(NOTE: Registered Agent signature required when reinstating)

2/3/01

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	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DORAN, BRIAN P		
STREET ADDRESS	3715 FALLEN OAKS DR		
CITY-ST-ZIP	JACKSONVILLE FL 32277-9704		
TITLE	VD	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, LEAH		
STREET ADDRESS	3828 FEATHER OAKS DRIVE EAST		
CITY-ST-ZIP	JACKSONVILLE FL		
TITLE	SD	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRENDLER, MARTHA SUE		
STREET ADDRESS	3718 MANOR OAKS DR		
CITY-ST-ZIP	JACKSONVILLE FL		
TITLE	TD	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROPER, REGINALD L		
STREET ADDRESS	3718 FALLEN OAKS DRIVE		
CITY-ST-ZIP	JACKSONVILLE FL 32277-8304		
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> 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)