

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90016 046 ****61.25

DOCUMENT # N43024

1. Entity Name

ASHLEY OAKS CIVIC ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**3715 FALLEN OAKS DR
JACKSONVILLE FL 32277-9704
US.**

**P O BOX 11065
JACKSONVILLE FL 32239**

2. Principal Place of Business

3. Mailing Address

3715 FALLON OAKS DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3060707

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

7. Name and Address of New Registered Agent

**DORAN, BRIAN P
3715 FALLON OAKS DR
JACKSONVILLE FL 32277-9704**

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 **ROPER, REGINALD L**
STREET ADDRESS **3718 FALLEN OAKS DR**
CITY-ST-ZIP **JACKSONVILLE FL 32277-8704**

TITLE ☒ Change ☐ Addition
NAME **3718 FALLON OAKS DR**
STREET ADDRESS **32277-9704**
CITY-ST-ZIP

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

TITLE **VD** ☒ Change ☒ Addition
NAME **BELL, GREGORY**
STREET ADDRESS **1877 CHARLOTTE OAKS LANE**
CITY-ST-ZIP **JACKSONVILLE FL 32277-9704**

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

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

TITLE **TD** ☐ Delete
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 ☐ 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 REQUIRED

2/3/02 (904) 390-1418

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)