

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N47376

1. Entity Name

WOODLAND STATION UNIT ONE REPLAT OWNERS ASSOCIAT

FILED

Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90290 015 ****61.25

Principal Place of Business

2180 W SR 434
SUITE 5000
LONGWOOD FL 32779
US

Mailing Address

2180 W SR 434
SUITE 5000
LONGWOOD FL 32779
US

2. Principal Place of Business

3908 UNION PACIFIC DR W.
Suite, Apt. #, etc.

3. Mailing Address

3945-1 ST JAMES BLUFF ROAD SOUTH
Suite, Apt. #, etc.
PMB 126



DO NOT WRITE IN THIS SPACE

City & State

JACKSONVILLE, FL 32246

City & State

JACKSONVILLE, FL

4. FEI Number

59-3125904

Applied For

Not Applicable

Zip

32246

Country

DUVAL

Zip

32224-2654

Country

DUVAL

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 W SR 434 STE 5000
LONGWOOD FL 32779-5044

7. Name and Address of New Registered Agent

Name
HOPPER, LINDA
Street Address (P.O. Box Number is Not Acceptable)
3908 UNION PACIFIC DR. W.
City
JACKSONVILLE FL Zip Code
32246

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 Linda Hopper (President)

1-26-01

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 NAME STREET ADDRESS CITY-ST-ZIP	PD HOPPER, LINDA 3908 UNION PACIFIC DR W JACKSONVILLE FL 32246	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SCHUMAN, ANKE 3920 UNION PACIFIC DR JACKSONVILLE FL 32246	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD OVERSTREET, WADE 11002 UNION PACIFIC DR JACKSONVILLE FL 32246	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT PERERA, KATHLEEN 3923 STATION COURT SOUTH JACKSONVILLE, FL 32246	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WEINBECKER, JODY 10995 UNION PACIFIC DRIVE SOUTH JACKSONVILLE, FL 32246	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Linda Hopper

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-01(904) 642-0602

Date

Daytime Phone #

CR2E037 (10/00)