

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90243 050 ****61.25

DOCUMENT # N47386

1. Entity Name

ARBOR POINTE UNIT FIVE OWNERS ASSOCIATION, INC.

Principal Place of Business

**13252 EUCALYPTUS DRIVE
JACKSONVILLE FL 32225-3375**

Mailing Address

**13252 EUCALYPTUS DRIVE
JACKSONVILLE FL 32225-3375**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3125893

Applied For

Not Applicable

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

**VIANA, JERI
13252 EUCALYPTUS DRIVE
JACKSONVILLE FL 32225-3375**

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 ☐ Delete
NAME **VIANA, JERI**
STREET ADDRESS **13252 EUCALYPTUS DRIVE**
CITY-ST-ZIP **JACKSONVILLE FL 32225-3375**

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

TITLE ☒ Delete
NAME **BIEBER, SCOTT**
STREET ADDRESS **13241 EUCALYPTUS DRIVE**
CITY-ST-ZIP **JACKSONVILLE FL 32225-3375**

TITLE ☒ Change ☒ Addition
NAME **DANA JONES**
STREET ADDRESS **13263 Hartwell Drive**
CITY-ST-ZIP **Jax, FL 32225**

TITLE ☒ Delete
NAME **LINDSEY, ZACHERY**
STREET ADDRESS **376 HARTWELL TERRACE**
CITY-ST-ZIP **JACKSONVILLE FL 32225-3375**

TITLE ☒ Change ☐ Addition
NAME **DOUG FLORENCZ**
STREET ADDRESS **13239 Hartwell Dr.**
CITY-ST-ZIP **Jax, FL 32225**

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 **GEORGE HAPSIS**
STREET ADDRESS **13265 Eucalyptus Drive**
CITY-ST-ZIP **Jax, FL 32225**

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

Jeri S. Viana

Date

Daytime Phone #

CR2E037 (9/01)