

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90040 021 ****61.25

DOCUMENT # N50437

1. Entity Name

BRENTWOOD PARK RESIDENT MANAGEMENT CORPORATION, INC.

DO NOT WRITE IN THIS SPACE

662630

2. Principal Place of Business

3640 Brentwood Ave

3. Mailing Address

3640 Brentwood Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville FL

City & State

Jacksonville FL

Zip

32206

Country

Duval

Zip

32206

Country

Duval

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

NEW

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Valerie Turner

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

3640 Brentwood Avenue

City

Jacksonville

FL

Zip Code
32206

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

Valerie D. Turner
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-25-02

FEE IS \$61.25

Initial or Amended UBR

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

P
Valerie Turner
3640 Brentwood Ave
Jacksonville FL 32206

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VP
Denise Thomas
3466 Brentwood Ave
Jacksonville FL 32206

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SD
DeShawn Richardson
3661 Brentwood Ave
Jacksonville FL 32206

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TD
Evelyn (Rico) Melvin
3529 Brentwood Ave
Jacksonville FL 32206

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
Ronald Leath
3411 Brentwood Ave
Jacksonville FL 32206

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
Louise Sanford
3820 Brentwood Ave
Jacksonville FL 32206

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Valerie D. Turner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-02

CR2E037B (12/01)