## **2001 UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT # N51377**

2001	UNIFORM BUS	INESS REPO	RT (UB	R)	6	FIL.			:
DOCUMENT # N51377					Sep 17, 2001 8:00 am Secretary of State				į
COMMUN	ITY ASSOCIATION OF BE	AR RUN UNIT 6, INC.	·			09-17-2001 90012			
Principal Place of Business		Mailing Address							
1732 KINGSLEY AVE 202 ORANGE PARK FL 32073 ··· US		1732 KINGSLEY AVE 202 Orange Park Fl 32073 US							
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #,	etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. FEI Numbe	59-3260806 Applied Not Appl			
Zip	Country	Zip Co			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 Name () A ,					
PERRY, ALAN 1732 KINGSLEY AVE #202 ORANGE PARK FL 32073			Street	Street Address (P.O. Box Number is Not Acceptable)  1321 Avahay Wive					
SIGNATURE	arned offitity submits this statement of		registered office			h, in the state of Florida.	/ v/		
FILE NOW: FEE IS \$61.25					Make Check Payable to d to Fees Department of State			•	
10.	OFFICERS AND D		11.	50	ADDITIONS/CHA	ANGES TO OFFICERS AND D			<u> </u>
NAME C	PD DOONE, MICHAEL R 251 TAHOE COURT	Delete	TITLE NAME STREET ADDRESS	McLec, Phillip 1245 TAHOE COURT					CR2E037 (10/00)
CITY-ST-ZIP	ORANGE PARK FL 32065		CITY-ST-ZIP	OBOLY	rge Pour	K, FI 32065	•		8
NAME N	D MAY, ANNAMARIE 250 TAHOE COURT	💢 Delete	TITLE NAME STREET ADDRESS		man, C		☐ Change	Addition	S
	PRANGE PARK FL 32065		CITY-ST-ZIP		$\sim$	R, F1 32065			
	SD .	Delete	TITLE	70	0		☐ Change	Addition	
	VALLEY, PEGGY SUE	•	NAME	LAY	LE Willia				
	242 TAHOE COURT DRANGE PARK FL 32065		STREET ADDRESS CITY-ST-ZIP	3190	Descou	IAC AUE.			
TITLE	MANGE PARK FL 32003	□ Delete	TITLE	CKE	nge raf	K, FT 33065	☐ Change	Addition	
NAME		L. Delete	NAME				☐ Clialige		
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP	1					
TITLE NAME		Delete	TITLE NAME				☐ Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS						
CITY-ST-7IP			CITY-ST-ZIP	1					

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

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

☐ Delete

SIGNATURE:

TITLE

NAME

STREET ADDRESS

☐ Change

Addition