

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90151 044 \*\*\*\*69.00

**DOCUMENT # N92000000707**

1. Entity Name

**TOWNCENTER AGENCY, INC.**

Principal Place of Business

**C/O CITY OF ATLANTIC BEACH  
800 SEMINOLE ROAD  
ATLANTIC BEACH FL 32233  
US**

Mailing Address

**C/O CITY OF ATLANTIC BEACH  
800 SEMINOLE ROAD  
ATLANTIC BEACH FL 32233  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3158509**

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

**FLETCHER, LYMAN T  
541 E. MONROE STREET  
JACKSONVILLE FL 32202**

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

*N/A*

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 **D SCHIEGG, RENE**  
STREET ADDRESS **ONE OCEAN BLVD**  
CITY-ST-ZIP **ATLANTIC BEACH FL 32233**

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

TITLE ☐ Delete  
NAME **D FALON, NEIL**  
STREET ADDRESS **1717 BEACH AVE**  
CITY-ST-ZIP **ATLANTIC BEACH FL 32277**

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

TITLE ☐ Delete  
NAME **PD FLETCHER, LYMAN T**  
STREET ADDRESS **541 E MONROE ST**  
CITY-ST-ZIP **JACKSONVILLE FL 32222**

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

TITLE ☒ Delete  
NAME **ID KING, SUSAN**  
STREET ADDRESS **1193 COLINA CT**  
CITY-ST-ZIP **ATLANTIC BEACH FL 32233**

TITLE ☐ Change ☒ Addition  
NAME **TD DRZmond WATERS**  
STREET ADDRESS **1935 Seminole Rd**  
CITY-ST-ZIP **ATLantic Beach FL 32233**

TITLE ☐ Delete  
NAME **D ROBERTS, AMY**  
STREET ADDRESS **204 FLORIDA BLVD**  
CITY-ST-ZIP **NEPTUNE BEACH FL 32266**

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

TITLE ☐ Delete  
NAME **VPD BISHOP, PATSY**  
STREET ADDRESS **544 OCEAN BLVD**  
CITY-ST-ZIP **ATLANTIC BEACH FL 32233**

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-15-02 (904) 353 7733**  
Date Daytime Phone #

CR2E037 (9/01)

Attachment

#N92000000707/033057

Town Center Agency  
109 First Street  
Neptune Beach, Florida 32266

April 11, 2002

Florida Department of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

RE: Towncenter Agency, Inc.  
2002 Uniform Business Report

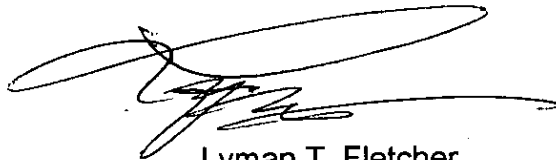
Gentleman:

Enclosed, is our completed Uniform Business Report for the year 2002 along with a check for sixty-nine (\$69) dollars.

We are asking for a Certificate of Status. In addition, I would appreciate it if you could mail to me, a copy of the actual Articles of Incorporation on file with the Secretary of State's Office.

Thank you for your attention in these matters.

Very truly yours,

A handwritten signature in black ink, appearing to read 'Lyman T. Fletcher', with a large, sweeping flourish extending to the right.

Lyman T. Fletcher

LTF/cas