

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90079 045 *****70.00

DOCUMENT # N94000000195

1. Entity Name

RIDAUGHT LANDING THREE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**2215 E. STATE ROAD 200
YULEE FL 32097
US**

**PO BOX 1987
YULEE FL 32041-1987
US**

2. Principal Place of Business
1732 Kingsley Avenue

3. Mailing Address
1732 Kingsley Avenue

Suite, Apt. #, etc.
202

Suite, Apt. #, etc.
202

City & State
Orange Park, FL

City & State
Orange Park, FL

Zip Country
32073 USA

Zip Country
32073 USA

4. FEI Number
59-3227622

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

**POWELL, TERRELL J
2215 E. STATE ROAD 200
YULEE FL 32097**

Name **ALAN PERRY**
Street Address (P.O. Box Number is Not Acceptable)
1732 Kingsley Ave, Ste 202
City **Orange Park** FL Zip Code **32073**

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.

ALAN PERRY

(NOTE: Registered Agent signature required when reinstating)

12 MAR 02

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	DP	☒ Delete
NAME	JOHNS, KENNETH L JR	
STREET ADDRESS	11217 SAN JOSE BLVD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DV	☒ Delete
NAME	ZAKOSKE, JOHN E.	
STREET ADDRESS	11217 SAN JOSE BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE	DS	☒ Delete
NAME	ARNOLD, CHARLES M. III	
STREET ADDRESS	11217 SAN JOSE BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	☐ Change ☒ Addition
NAME	DAN HAWK	
STREET ADDRESS	8999 Tuscarora Trl.	
CITY-ST-ZIP	Middleburg, FL 32068	
TITLE	SD	☐ Change ☒ Addition
NAME	Linda Day	
STREET ADDRESS	2992 Tuscarora Trl	
CITY-ST-ZIP	Middleburg, FL 32068	
TITLE	TD	☐ Change ☒ Addition
NAME	Constance Bennett	
STREET ADDRESS	2993 Tuscarora Trl.	
CITY-ST-ZIP	Middleburg, FL 32068	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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 supplementary 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-12-02

542-3287

Date

Daytime Phone #

CR2E037 (9/01)