2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2000 8:00 am
Secretary of State
05-05-2000 90107 008 ****61.25

DOCUMENT # N94000000445

1. Entity Name
MetroCorp Center of Jacksonville owners Association Inc.

Principal Place of Business	Mailing Address
8375 Baymeadows Way Jacksonville, Fl 32256	8375 Baymeadows Way Jacksonville Fl 32256

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip — Country	Zip — Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3227858 ☐ 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
Kenneth C. Caplan 8375 Baymeadows Way Jacksonville, Fl 32256	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, NAME, STREET ADDRESS, CITY-ST-ZIP	PD Kenneth C Caplan 8375 Baymeadows Way Jacksonville Fl 32256 ☐ Delete	TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP	D only ☒ Change ☐ Addition
TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP	☐ Delete	TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP	PD Wayne Reed 8375 Baymeadows Way Jacksonville, Fl 32256 ☐ Change ☒ Addition
TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP	☐ Delete	TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP	VD Dr Carol Ertier 8375 Baymeadows Way Jacksonville Fl 32256 ☐ Change ☒ Addition
TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP	☐ Delete	TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP	STD Leigh Townsend 8375 Baymeadows Way Jacksonville, Fl 32256 ☐ Change ☒ Addition
TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP	STD Billie Tucker 8385 Baymeadows Way #304 Jacksonville, Fl 32256 ☒ Delete	TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP	☐ Change ☐ Addition
TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP	☐ Delete	TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/99)

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: _____ Leigh Townsend 4/25/00 904 737-0404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #