

FILED  
Apr 16, 2002 8:00 am  
Secretary of State

04-16-2002 90143 029 \*\*\*\*61.25

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000001488

1. Entity Name

CHRONICLE COURT OWNERS ASSOCIATION, INC.

Principal Place of Business

40 PHILLIPS HIGHWAY  
JACKSONVILLE FL 32258

Mailing Address

8440 PHILLIPS HIGHWAY  
JACKSONVILLE FL 32258

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3236736

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

SOUND, VICTOR JR  
8440 PHILLIPS HIGHWAY  
JACKSONVILLE FL 32258

Name

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

City

FL

Zip Code

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 resigning)

DATE

FILE NOW: FEE IS \$81.25

9. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                                                |                                                                              |                                            |                                                |                                                                 |                                                                              |
|------------------------------------------------|------------------------------------------------------------------------------|--------------------------------------------|------------------------------------------------|-----------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>MCGHEE, F. SUTTON JR<br>8440 PHILLIPS HIGHWAY<br>JACKSONVILLE FL 32258 | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PRES<br>SOUND, VICTOR JR.<br>8440 PHILLIPS HWY<br>JAX, FL 32256 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MD<br>BRIAR, JEFFREY A<br>5521 CHRONICLE COURT<br>JACKSONVILLE FL 32258      | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>SUPINA, ROBERT D<br>5500 CHRONICLE COURT<br>JACKSONVILLE FL 32258      | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | CFO<br>JOHN BRENT<br>3300 PHILLIPS HIGHWAY<br>JACKSONVILLE FL                | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TAS<br>JONATHAN Y. ROGERS<br>3300 PHILLIPS HWY<br>JACKSONVILLE FL            | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DS<br>MCGHEE, THOMAS R JR<br>3300 PHILLIPS HIGHWAY<br>JACKSONVILLE FL        | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/28/02 904-730-4152