

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State
 05-17-2001 90399 049 ****61.25

DOCUMENT # N94000001978

1. Entity Name

CUMBERLAND FOREST OWNERS ASSOCIATION, INC.

Principal Place of Business

9889-1 SAN JOSE BOLVD
 JACKSONVILLE FL 32257
 US

Mailing Address

9889-1 SAN JOSE BOLVD
 JACKSONVILLE FL 32257
 US

657101



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3247695

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

CANTRELL, BEVAN K
9889-1 SAN JOSE BLVD
JACKSONVILLE FL 32257

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	SD HAM, JULIAN 9012 BLALOCK COURT JACKSONVILLE FL 32257	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ALEKSIC, RAYMOND L 5370 CUMBERLAND FOREST LANE JACKSONVILLE FL 32257	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWITT, HENRY R 9007 CUMBERLAND FOREST LANE JACKSONVILLE FL 32257	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STECHER, KENNETH 5375 CUMBERLAND FOREST LANE JACKSONVILLE FL 32257	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ALEXA, RAY 5356 DARBY WAY JACKSONVILLE FL 32257	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Terry Cordes 5424 Cumberland Forest Lane Jacksonville, FL 32257	☐ Change ☒ Addition

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-8-01 904
 7310659

CR2E037 (10/00)