

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002215

1. Entity Name

HOGAN CREEK TOWERS RESIDENT COUNCIL, INC.

FILED
Jul 12, 2000 8:00 am
Secretary of State

07-12-2000 90012 029 ****61.25

Principal Place of Business

Mailing Address

HOGAN CREEK RESIDENT
1004
JACKSONVILLE FL 32202
US

RESIDENT COUNCIL INC
1004
JACKSONVILLE FL 32202
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Hogan Creek Resident
Suite, Apt. #, etc.

Hogan Creek Resident
Suite, Apt. #, etc.

1320 Broad apt. 1004

1320 Broad St apt 1004

City & State

City & State

Jacksonville Florida

Jacksonville Florida

Zip

Country

Zip

Country

32202

Unal

32202

Unal

4. FEI Number

59-3261369

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

HOGAN CREEK RESIDENT COUNCIL
1320 BROAD ST APT 1004
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

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
After September 13, 2000 min. will be \$236.25

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 PD
NAME ADAMS, EMINA LOU
STREET ADDRESS 1320 BROAD ST
CITY-ST-ZIP JACKSONVILLE FL 32202 ☐ Delete

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

TITLE PD
NAME WILLIAMS, ELOUISE
STREET ADDRESS 1320 BROAD ST
CITY-ST-ZIP JACKSONVILLE FL 32202 ☐ Delete

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

TITLE RS
NAME HOLMES, WILLIE
STREET ADDRESS 1320 BROAD ST
CITY-ST-ZIP JACKSONVILLE FL 32202 ☐ Delete

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

TITLE FS
NAME WATKINS, JOHNNY
STREET ADDRESS 1320 BROAD STREET
CITY-ST-ZIP JACKSONVILLE FL 32202 ☐ Delete

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

TITLE T
NAME TISDOL, DOROTHY
STREET ADDRESS 1320 BROAD STREET
CITY-ST-ZIP JACKSONVILLE FL 32202 ☐ Delete

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

TITLE C
NAME WILSON, BEULAH
STREET ADDRESS 1320 BROAD STREET
CITY-ST-ZIP JACKSONVILLE FL 32202 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

EMINA LOU ADAMS
Signature

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904
7/7/2000 3542879

Date

Daytime Phone #

CR2E037 15/001