

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000004399

1. Entity Name

BLODGETT VILLAS RESIDENT COUNCIL, INC.

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90025 039 ****61.25

Principal Place of Business

1250 NORTH JEFFERSON STREET
APT 7301
JACKSONVILLE FL 32209

Mailing Address

1250 NORTH JEFFERSON STREET
APT 7301
JACKSONVILLE FL 32209

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3256563

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

CATO, FREDRICKA
1250 NORTH JEFFERSON STREET
APT 7301
JACKSONVILLE FL 32209

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 PD
NAME CATO, FREDRICKA
STREET ADDRESS 1250 NORTH JEFFERSON STREET, SUITE 7301
CITY-ST-ZIP JACKSONVILLE FL 32209

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE VPD
NAME DOE, BETTY
STREET ADDRESS 170 WEST 4TH STREET #3901
CITY-ST-ZIP JACKSONVILLE FL 32209

☒ Delete

TITLE VPD
NAME Johnson, Catherine
STREET ADDRESS 630 West 4th Street #6101
CITY-ST-ZIP JACKSONVILLE FL 32209

☒ Change

☒ Addition

TITLE SD
NAME WILLIS, FEDLICKA D
STREET ADDRESS 1250 NORTH JEFFERSON STREET, SUITE 7402
CITY-ST-ZIP JACKSONVILLE FL 32209

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE T
NAME DALLAS, MAGGIE
STREET ADDRESS 1250 NORTH JEFFERSON STREET #7902
CITY-ST-ZIP JACKSONVILLE FL 32209

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE C
NAME JONES, NATASHA C
STREET ADDRESS 770 W 4TH ST 3501
CITY-ST-ZIP JACKSONVILLE FL 32209

☐ 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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)