

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000004399

1. Entity Name

BLODGETT VILLAS RESIDENT COUNCIL, INC.

FILED

May 28, 2002 8:00 am  
Secretary of State

05-28-2002 91612 021 \*\*\*\*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

630 WEST 4TH STREET

3. Mailing Address

630 WEST 4TH STREET

Suite, Apt. #, etc.

6201

Suite, Apt. #, etc.

6201

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

Zip

32209

Country

DUVAL

Zip

32209

Country

DUVAL



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3256563

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

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

*Fredricka Cato*

5/1/02

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 JOHNSON, CATHERINE  
STREET ADDRESS 630 WEST 4TH ST 6101  
CITY-ST-ZIP JACKSONVILLE FL 32209 ☒ Delete

TITLE VPD  
NAME WILLIE MAE SIMPKINS  
STREET ADDRESS 710 WEST 4TH STREET APT 1801  
CITY-ST-ZIP JACKSONVILLE, FL 32209 ☒ Change ☐ Addition

TITLE SD  
NAME WILLIS, FEDLICIA 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  
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 CHAPLAIN  
NAME DORETHA H. RUSSELL  
STREET ADDRESS 1250 JEFFERSON STREET APT 7702  
CITY-ST-ZIP JACKSONVILLE, FL 32209 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

CR2E037 (9/01)

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:

*Fredricka Cato*

5/1/02

904-598-1152

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #