

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000004536

1. Entity Name

EMERALD BAY II ASSOCIATION, INC.

Principal Place of Business

2215 E STATE RD 200
YUKLES FL 32097

Mailing Address

PI BOX 1967
YULES FL 32041-1967

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

ZABEL, JON
2215 E STATE RD 200
YUKEE FL 32097

7. Name and Address of New Registered Agent

Name Terrell J. Powell

Street Address (P.O. Box Number is Not Acceptable)
2215 E State Rd 200

City

Yulee

FL

Zip Code

32097

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

TITLE PD
NAME JONES, KENNETH L JR
STREET ADDRESS 11217 SAN JOSE BLVD
CITY-ST-ZIP JAX FL 32223 ☐ Delete

TITLE VD
NAME ZAKOSKE, JOHN E
STREET ADDRESS 11217 SAN JOSE BLVD
CITY-ST-ZIP JAX FL 32223 ☐ Delete

TITLE SD
NAME ARNOLD, CHARLES E II
STREET ADDRESS 11217 SAN JOSE BLVD
CITY-ST-ZIP JAX FL 32223 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE SD
NAME Phillip A Daniel
STREET ADDRESS 11217 San Jose Blvd.
CITY-ST-ZIP Jacksonville FL 32223 ☐ 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

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 #

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90110 023 ****61.25

103206



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3312433

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E037 (9/99)