

## 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 27, 2001 8:00 am**  
**Secretary of State**

06-04-2001 90010 024 \*\*\*\*61.25

DOCUMENT # N95000000142

1. Entity Name

EVERGREEN ACRES PROPERTY OWNERS ASSOCIATION, INC

Principal Place of Business

Mailing Address

515 SOUTH 6TH STREET  
MACCLENNY FL 32063515 SOUTH 6TH STREET  
MACCLENNY FL 32063

2. Principal Place of Business

14954 S. Evergreen Cir.

3. Mailing Address

14954 S. Evergreen Cir.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City &amp; State

Glen St Mary FL

City &amp; State

Glen St Mary FL

4. FEI Number

59-3387322

Applied For

Not Applicable

Zip

32040

Country

USA

Zip

32040

Country

USA

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RHODEN, THOMAS R  
515 SOUTH 6TH STREET  
MACCLENNY FL 32063

7. Name and Address of New Registered Agent

Name  
Jonathon Keast

Street Address (P.O. Box Number is Not Acceptable)

14954 S. Evergreen Cir.

City

Glen St. Mary FL FL

Zip Code

32040

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

Jonathon E Keast President

(Signature, typed or printed name of registered agent and title if applicable.)

(NOT) Registered Agent signature required when reinstating

May 30 2001

DATE

FILE NOW:  
FEE IS \$61.259. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to FeesMake Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	RHODEN, THOMAS R	
STREET ADDRESS	515 SOUTH 6TH STREET	
CITY - ST - ZIP	MACCLENNY FL 32063	

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, R H	
STREET ADDRESS	515 SOUTH 6TH STREET	
CITY - ST - ZIP	MACCLENNY FL 32063	

TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	RHODEN, TINA M	
STREET ADDRESS	515 SOUTH 6TH STREET	
CITY - ST - ZIP	MACCLENNY FL 32063	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jonathon E. Keast	
STREET ADDRESS	14954 S. Evergreen Cir	
CITY - ST - ZIP	Glen St. Mary FL 32040	D

TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Don Tate	
STREET ADDRESS	PO Box 1331	
CITY - ST - ZIP	Glen St. Mary FL 32040	D

TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sandra Harrell	
STREET ADDRESS	RT. BOX 2343	
CITY - ST - ZIP	Glen St. Mary FL 32040	D

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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: Jonathon E Keast

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 30 2001 (904) 254-5733

Date

Daytime Phone #

CR2E037 (10/00)