

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004752

1. Entity Name

LAKE NUMBER ONE OWNERS' ASSOCIATION, INC.

FILED

02 FEB 26 PM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1301 RIVERPLACE BOULEVARD
SUITE 1830
JACKSONVILLE FL 32207

Mailing Address
1301 RIVERPLACE BOULEVARD
SUITE 1830
JACKSONVILLE FL 32207

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3599780

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired.

☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GALLAGHER, BRENDA
% THE DEVELOPMENT GROUP, INC.
1301 RIVERPLACE BLVD., STE. 1830
JACKSONVILLE FL 32207

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
GALLAGHER, BRENDA
130B RIVERPLACE BLVD., STE. 1830
JACKSONVILLE FL 32207 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
SKINNER, A.C. III
6803 OLD KINGS ROAD SOUTH
JACKSONVILLE FL 32217 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ZELEDON, JOHN
6 PIEDMONT CENTER, SUITE 600
ATLANTA GA 30305 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
500005051285--9
-03/07/02--0100 Change 004
****605.00 ****70.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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☐ Change ☐ Addition

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☐ Delete

TITLE
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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 another like empowered.

SIGNATURE:

Brenda J. Gallagher

2/15/02

399-1500

CR2E037 (9/01)