

2000 UNIFORM BUSINESS REPORT (UBR)

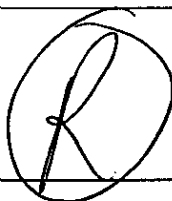
FILED
Sep 13, 2000 8:00 am
Secretary of State

09-13-2000 90052 015 ****61.25

DOCUMENT # N95000005997

1. Entity Name

FOREST VIEW ESTATES ASSOCIATION, INC.



Principal Place of Business

9571 BAYMEADOWS ROAD STE 203
 JACKSONVILLE FL 32256

Mailing Address

9571 BAYMEADOWS ROAD STE 203
 JACKSONVILLE FL 32256

2. Principal Place of Business

6420 Conifer Cove Court

Suite, Apt. #, etc.

3. Mailing Address

6420 Conifer Cove Court

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

59-3364901

Applied For

Not Applicable

Zip

32218

Country

Duval

Zip

32218

Country

Duval

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ROWE AND ROWE PA
9471 BAYMEADOWS ROAD STE 203
JACKSONVILLE FL 32256

7. Name and Address of New Registered Agent

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

After September 13, 2000 min. will be \$236.25

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 ☒ Delete
 NAME BRADDOCK, WILLIAM R
 STREET ADDRESS 14400 BRADDOCK ROAD
 CITY-ST-ZIP JACKSONVILLE FL 32218

TITLE SD ☒ Delete
 NAME ROWE, JENNIE B
 STREET ADDRESS 8112 PINE LAKE ROAD
 CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE T ☒ Delete
 NAME LEONARD, J F
 STREET ADDRESS 10420 LEM TURNER ROAD
 CITY-ST-ZIP JACKSONVILLE FL 32218

TITLE D ☒ Delete
 NAME HUNTLEY, CORALIE B
 STREET ADDRESS 9242 ADAMS AVENUE
 CITY-ST-ZIP JACKSONVILLE FL 32218

TITLE D ☒ Delete
 NAME RICHARDSON, LIBBY B
 STREET ADDRESS 849 POINTE LAVISTA ROAD, N
 CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE D ☒ Delete
 NAME LEONARD, TOMMIE B
 STREET ADDRESS 6009 DUNN AVENUE
 CITY-ST-ZIP JACKSONVILLE FL 32218

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P/D ☒ Change ☐ Addition
 NAME Deal, Bobby L.
 STREET ADDRESS 6410 Conifer Cove Court
 CITY-ST-ZIP Jacksonville, FL 32218

TITLE V/D ☒ Change ☐ Addition
 NAME Young, John G.
 STREET ADDRESS 6450 Conifer Cove Court
 CITY-ST-ZIP Jacksonville, FL 32218

TITLE S/D ☒ Change ☐ Addition
 NAME Jones, Deborah L.
 STREET ADDRESS 6431 Conifer Cove Court
 CITY-ST-ZIP Jacksonville, FL 32218

TITLE T/D ☒ Change ☐ Addition
 NAME Starling, Dorothy B.
 STREET ADDRESS 6420 Conifer Cove Court
 CITY-ST-ZIP Jacksonville, FL 32218

TITLE D ☒ Change ☐ Addition
 NAME Smith, Vernie W., III
 STREET ADDRESS 14450 Conifer Cove Trail
 CITY-ST-ZIP Jacksonville, FL 32218

TITLE D ☒ Change ☐ Addition
 NAME Thompson, Jeffrey D.
 STREET ADDRESS 6451 Conifer Cove Court
 CITY-ST-ZIP Jacksonville, FL 32218

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: Dorothy B. Starling

REQUIRE Dorothy B. Starling-Sec. 9-11-00 (904) 768-1582

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)

attachment
N95000005997
60106386

FOREST VIEW ESTATES ASSOCIATION

Box 13 Addition to Directors

D
Braddock, Thomas H., Jr.
1628 S. Fletcher Avenue
Fernandina Beach, FL 32034