

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000006460

1. Entity Name

BENCHMARK GLEN HOMEOWNERS ASSOCIATION, INC.

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90475 044 *****61.25

0010771

Principal Place of Business

1533 OSCEOLA STREET
JACKSONVILLE FL 32204

Mailing Address

1533 OSCEOLA STREET
JACKSONVILLE FL 32204

2. Principal Place of Business

4501 BEVERLY AVENUE

3. Mailing Address

4501 BEVERLY AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

Zip

Country

USA

Zip

32210

Country

USA

4. FEI Number

59-3622249

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ATLEE, KENYON S
1533 OSCEOLA STREET
JACKSONVILLE FL 32204

7. Name and Address of New Registered Agent

Name

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

4501 BEVERLY AVENUE

City

JACKSONVILLE

FL

Zip Code

32210

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
ATLEE, KENYON S
1533 OSCEOLA STREET
JACKSONVILLE FL 32204 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CRISP, DALE K
1533 OSCEOLA STREET
JACKSONVILLE FL 32204 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVST
EISENSTEIN, JEANNE
1533 OSCEOLA STREET
JACKSONVILLE FL 32204 ☐ 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
4501 BEVERLY AVENUE
JACKSONVILLE, FL. 32210 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
4501 BEVERLY AVENUE
JACKSONVILLE, FL. 32210 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
4501 BEVERLY AVENUE
JACKSONVILLE, FL. 32210 ☒ 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:

S. Crisp
SIGNATURE OF SIGNED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/01

Date

Daytime Phone #

CR2037 (10/00)