## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 28, 2002 8:00 am Secretary of State DOCUMENT # N9600006460 1. Entity Name 04-10-2002 90436 006 \*\*\*\*61.25 BENCHMARK GLEN HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 4501 BEVERLY AVENUE **4501 BEVERLY AVENUE** 29778 JACKSONVILLE FL 32210 JACKSONVILLE FL 32210 2. Principal Place of Business 2215 E STATE RD 200 3. Malling Address PO BOX 1987 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 59-3622249 City & State City & State Applied For YULEE FL YULEE FL Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 32097 32097 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NameTERRELL J POWELL ATLEE, KENYON'S Street Address (P.O. Box Number is Not Acceptable) 4501 BEVERLY AVENUE JACKSONVILLE FL 32210 City YULEE Zip C@2097 8. The above amend entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. TERRELL J POWELL <u>3.6.02</u> SIGNATURE Signatura, typed or printed name of (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Delete TITLE (9/01) ☐ Change X Addition atlee, Kenyon S NAME NAME CREWS, JAMES 4501 BEVERLY AVENUE STREET ADDRESS STREET ADDRESS 3346 BENCHMARK AVENUE CR2E037 CITY-ST-ZIP JACKSONVILLE FL 32210 CITY-ST-7/P YULEE, FL 32097 Delete TITLE VP/D ☐ Change Addition CRISP, DALE K NAME NAME TUBERILLE, KERRY STREET ADDRESS 4501 BEVERLY AVENUE STREET ADDRESS 3333 BENCHMARK AVENUE CITY-ST-ZIP JACKSONVILLE FL 32210 CITY-ST-ZIP YULEE FL 32097 M Delete ☐ Change Addition BRADFORD, ERIC: N#. NAME NAME HRIGHT, SHERRY --STREET ADDRESS 4501 BEVERLY AVENUE STREET ADDRESS 3388 EMERALD LANE CITY-ST-ZIP JACKSONVILLE FL 32210 CITY-ST-ZIP YULEE, FL 32097 Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. It hereby certify that the information supplied with this filling 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 tracted 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 producers, with all other like empowered.

**FILED** 

914-277-868

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