

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001725

1. Entity Name

THE GREATER HOGAN AREA NEIGHBORHOOD ASSOCIATION,

FILED
Jun 23, 2000 8:00 am
Secretary of State

06-23-2000 90104 010 ****61.25

Principal Place of Business

Mailing Address

2619 PARENTAL HOME ROAD #4
JACKSONVILLE FL 32216

2619 PARENTAL HOME ROAD #4
JACKSONVILLE FL 32216-5273

2. Principal Place of Business

3. Mailing Address

P.O. Box 551108

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

JACKSONVILLE, FL

4. FEI Number

59-3459964

Applied For

Not Applicable

Zip

Country

Zip

Country

32255

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MACLEAN, MARK B
2619 PARENTAL HOME ROAD #4
JACKSONVILLE FL 32216

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 DP
NAME ELLIS, HERB
STREET ADDRESS 1965 PARENTAL HOME ROAD
CITY-ST-ZIP JACKSONVILLE FL 32216

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE SD
NAME ELLIS, DIANE
STREET ADDRESS 1965 PARENTAL HOME ROAD
CITY-ST-ZIP JACKSONVILLE FL 32216

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VD
NAME HARROLD, VICTOR
STREET ADDRESS 8325 BASCOM ROAD
CITY-ST-ZIP JACKSONVILLE FL 32216

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME ANDERSON, JAMES
STREET ADDRESS 8265 HOGAN ROAD
CITY-ST-ZIP JACKSONVILLE FL 32216

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME PARKS, JAMES
STREET ADDRESS 1966 JASON SCOTT DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32216

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME SAFFY, RALPH
STREET ADDRESS 2532 LOFBERG DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32216

☐ Delete

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark B. MacLean 6/16/2000 (904) 3536235

Date

Daytime Phone #

CR2E037 (9/99)