

2000 UNIFORM BUSINESS REPORT (UBR)

1.

DOCUMENT # N97000002955

1. Entity Name

SPRING PARK NEIGHBORHOOD ASSOCIATION, INC.

FILED
May 12, 2000 8:00 am
Secretary of State

01-27-2000 90172 023 ****61.25

Principal Place of Business

Mailing Address

% RICHARD H. METTE
3036 NAIN ROAD
JACKSONVILLE FL 32207

% RICHARD H. METTE
3036 NAIN ROAD
JACKSONVILLE FL 32207-4736

2. Principal Place of Business

3. Mailing Address

P.O. Box 10321

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Jacksonville FL. 32247

4. FEI Number

59-3453018

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

METTE, RICHARD H
3036 NAIN RD.
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

TITLE D ☐ Delete
NAME METTE, RICHARD H
STREET ADDRESS 3036 NAIN RD.
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE D ☐ Delete
NAME CUSIC, JONI A
STREET ADDRESS 2905 SPRING PARK RD.
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE D ☒ Delete
NAME CUSIC, C D
STREET ADDRESS 2905 SPRING PARK RD.
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE Treasurer ☐ Change ☒ Addition
NAME Simmons, Ruth
STREET ADDRESS 2738 Spring Park Rd.
CITY-ST-ZIP Jacksonville, FL 32207

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

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

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

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 an other like empowered.

SIGNATURE:

Charles D. Cusic
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

v/a/w
Date

Daytime Phone #