

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State

0013206

DOCUMENT # N97000002955

1. Entity Name

SPRING PARK NEIGHBORHOOD ASSOCIATION, INC.

03-05-2001 90362 003 ****61.25

Principal Place of Business

Mailing Address

% RICHARD H. METTE
 3036 NAIN ROAD
 JACKSONVILLE FL 32207

PO BOX 10321
 JACKSONVILLE FL 32247

816598



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

% Joni A. Cusic

3. Mailing Address

PO Box 10321

Suite, Apt. #, etc.

2905 Spring Park Rd.

Suite, Apt. #, etc.

City & State

Jacksonville, Fl.

City & State

Jacksonville, FL

4. FEI Number

59-3453018

Applied For

Not Applicable

Zip

32207

Country

Duval

Zip

32207

Country

Duval

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

METTE, RICHARD H
 3036 NAIN RD.
 JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent

Name

Cusic, Joni A.

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

2905 Spring Parak Road

City

Jacksonville

City

FL

Zip Code
 32207

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

Joni A. Cusic

02/24/01

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	D METTE, RICHARD H 3036 NAIN RD. JACKSONVILLE FL 32207	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUSIC, JONI A 2905 SPRING PARK RD. JACKSONVILLE FL 32207	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SIMMONS, RUTH 2738 SPRING PARK RD JACKSONVILLE FL 32207	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Bryant, Gregory W. 3431 Stanley Street Jacksonville, FL 32207	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Ruth Simmons
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/24/01

Date

904 398-3631

Daytime Phone #

CR2E037 (10/00)