

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003939

1. Entity Name

ROYAL TERRACE COMMUNITY ASSOCIATION, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90064 030 ****61.25

Principal Place of Business

Mailing Address

2131 BROOKLYN ROAD
JACKSONVILLE FL 32209

2131 BROOKLYN ROAD
JACKSONVILLE FL 32209-2612

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3518705

Applied For

Not Applicable

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

STEPHENS, ROSA
2131 BROOKLYN ROAD
JACKSONVILLE FL 32209

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

9. this corporation is not liable for intangible
tax for the year 2000

10. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TP	STEPHENS, ROSA	2131 BROOKLYN ROAD	JACKSONVILLE FL 32209	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
TS	TAYLOR, JACQUELYN	2137 W. 45TH STREET	JACKSONVILLE FL 32209	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
TAS	MAK, CHRISTINE	5322 BUICK AVENUE	JACKSONVILLE FL 32209	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	DRAPER, NITA	1856 W. 44TH STREET	JACKSONVILLE FL 32209	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
TAT	MOBLEY, REV. AARON	2015 TUCKEGEE ROAD	JACKSONVILLE FL 32209	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
TM	RELEFORD, ROBERT	1832 W. 45TH STREET	JACKSONVILLE FL 32209	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

Rosa Stephens

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-99

Date

764-0055

Daytime Phone #

CR2E037 (9/99)