

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N98000001935**

1. Entity Name

JULINGTON LANDING OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

9471 BAYMEADOWS RD. STE 403
JACKSONVILLE FL 322569471 BAYMEADOWS RD. STE 403
JACKSONVILLE FL 32256-7937

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

YOUNG, JAMES R
9471 BAYMEADOWS RD. STE 403
JACKSONVILLE FL 32256

Name

Street Address (P.O.)

City

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required)

FILE NOW:**FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00**
Added to

10. OFFICERS AND DIRECTORS

11. ADDITIONAL OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	WARREN, ELLIS	
STREET ADDRESS	223 EAST STATE ST	
CITY-ST-ZIP	JACKSONVILLE FL 32202	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	TSO	☐ Delete
NAME	YOUNG, JAMES R	
STREET ADDRESS	9471 BAYMEADOWS RD, STE 403	
CITY-ST-ZIP	JACKSONVILLE FL 32256	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	D	☐ Delete
NAME	MEYER, JEFFREY G	
STREET ADDRESS	8555 PLUMMER RD	
CITY-ST-ZIP	JACKSONVILLE FL 32219	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

00 JUN -9 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
600045001

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3640847**
APPLIED FOR☒ Applied For☐ Not Applicable5. Certificate of Status Desired ☒**\$8.75** Additional
Fee Required

FEI NUMBER
Applied For but
not yet received.
Entity has been
inactive since inception!
With no transactions.
James Young
4-25-00

SP

C-1 (1/17/1999)