2002 UNIFORM BUSINESS REPORT (UBR)

Mailing Address 6750 RAMONA BLVD

DOCUMENT # N98000002144

1. Entity Name

Principal Place of Business

6750 RAMONA BLVD

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

S@AD

RACKLEY, PENNY

6750 RAMONA BLVD., STE 121

JACKSONVILLE FL 32205

RAMONA PARK RESIDENT MANAGEMENT CORPORATION

SUITE 413 JACKSONVIL	LE FL 32205	SUITE 413 JACKSONVI	SUITE 413 JACKSONVILLE FL 32205				R 013	8915 Millio	(1 88) (1 8 1)	81831 8181 1881	
2. Principal	Place of Business	3. Mailing A	3. Mailing Address								
Suite, Ap	t. #, etc.	Suite, A	Suite, Apt. #, etc.				DO NOT WRITE	E IN THIS SP	ACE		
City & Sta	ate	City & S	City & State			4. FEI Number Applied Applied Not Apr					7
Zip	Country	Zip		Country		5. Certificate of Status Desired			\$8.75 Additional Fee Required		
		7. Name and Address of New Registered Agent									
	6. Name and Address of Curre			Name				<u> </u>			1
	Street Address (P.O. Box Number is Not Acceptable)										
-	VERONICA			Greet Address (1.0. Box Harriber 19 Not Acceptable)						1	
	Mona Blvd										
SUITE 41 JACKSOI	City				FL	Zip Co	de	1			
	e named entity submits this statement	for the purpose o	f changing its req	ristered office o	r reaistere	ed agent, or both, in t	he State of Flori		l niliar with	and accept	1
	itions of registered agent.		3 3	,	-9	g , ,				,	
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if annicable	(NOTE: Re	gistered Agent signa	ture required:	when coinstating)		DATE			
, , , , , , , , , , , , , , , , , , , ,	· · · · · · · · · · · · · · · · · · ·	STEERS IN SECTION	(1012.116	gistered Agent aigna	iona redomeo	when remotating)		DAIL			1
	After September 13, 2002,	. 9	. Election Campa	ian Financina		¢5 00	Mak	e Check F) Javahla	· to	
min. will be \$236.25.			Trust Fund Contribution.			\$5.00 May Be Added to Fees		partment			
10.	OFFICERS AND I			11.		DDITIONS/CHANGE	S TO OFFICERS	S AND DIRE	CTORS I],
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name Street address	SLEDGE, VERONICA DDRESS 6750 RAMONA BLVD., APT. 12				Shedge Verbnich APT. 12						
CITY-ST-ZIP	JACKSONVILLE FL 32205	•		STREET ADDRESS CITY-ST-ZIP	6112	Ksonville	FL 3	2205			l
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NAME	THORTON, SANDY	•		NAME	0	In Nink	4 .	٠.٠٠		7.00.00.	ľ
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NAME	WILLIAMS, MELODY			NAME	Will	inms, Mu	lianie,	n no	.	_	
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	JACKSONVILLE FL 32205		7		JAC	KSONVIIIE	1- L	322C	Change		
TTLE NAME	TD Jones, Lakesha	Ľ	Delete	TITLE NAME	72	lliams,	Nooni		_ Unange	☐ Addition	
TREET ADDRESS	6750 RAMONA BLVD., STE 22			STREET ADDRESS	(03.5	O RAMO	MA BI	va. A	PT :	215	
CITY-ST-ZIP	JACKSONVILLE FL 32205			CITY-ST-ZIP		Ksonville					
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IAME	THOMAS, WANDA		Į.	NAME	ပြင်ကိုဒိ	AMS, AND	+ Blag.	APT ?	215		
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RACKley, Penny Blvd. APT ROZ

FL 32205

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**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

FILED

09-17-2002 90093 047 ****61.25

Sep 17, 2002 8:00 am Secretary of State

☐ Addition