

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003347

1. Entity Name

GREATER SANS SOUCI NEIGHBORHOOD ASSOCIATION, INC

Principal Place of Business

2466 PROVOST COURT
JACKSONVILLE FL 32216

Mailing Address

POST OFFICE BOX 10212
JACKSONVILLE FL 32247-0212

2. Principal Place of Business

2117 Saul Dr.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Jax. Fl

City & State

Zip

32216

Country

DUVAL

Zip

Country

4. FEI Number

59-3514574

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAMEL, JOHN
2466 PROVOST COURT
JACKSONVILLE FL 32216

7. Name and Address of New Registered Agent

Name: JOHN LEON

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

2117 SAUL DR.

City JACKSONVILLE

FL

Zip Code

32216

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

John Leon

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/17/00

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	VP	<input type="checkbox"/> Delete
NAME	HOUSLEY, JOHN	
STREET ADDRESS	2113 LARRY DR W	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	S	<input type="checkbox"/> Delete
NAME	HOUSLEY, SHERRI	
STREET ADDRESS	2113 LARRY DR W	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	T	<input type="checkbox"/> Delete
NAME	BOWEN, SUSAN	
STREET ADDRESS	2429 PROVOST RD E	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARNES, BETTY	
STREET ADDRESS	2138 LARRY DR W	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURRIS, ROBERT	
STREET ADDRESS	2807 ELISA DR W	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	D	<input type="checkbox"/> Delete
NAME	LASCO, JOHN	
STREET ADDRESS	2470 PROVOST CT	
CITY-ST-ZIP	JACKSONVILLE FL 32216	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE:

John Leon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/00

Date

904) 224-3567

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE

FILED

Jan 27, 2000 8:00 am

Secretary of State

01-27-2000 90045 023 ****61.25