

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003347

1. Entity Name

GREATER SANS SOUCI NEIGHBORHOOD ASSOCIATION, INC

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

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

Principal Place of Business

Mailing Address

2466 PROVOST COURT
 JACKSONVILLE FL 32216

POST OFFICE BOX 10212
 JACKSONVILLE FL 32247-0212

2. Principal Place of Business

2117 Saul Dr.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jax. Fl

City & State

4. FEI Number

59-3514574

Applied For

Not Applicable

Zip

32216

Country

DUAL

Zip

Country

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

HAMEL, JOHN
 2466 PROVOST COURT
 JACKSONVILLE FL 32216

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	

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
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STREET ADDRESS	
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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:

Stonai Housley
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/00

Date

904) 224-3567
 Daytime Phone #

CR2E037 (9/99)