## 2000 UNIFORM BUSINESS REPORT (UBR) Aug 24, 2000 8:00 am Secretary of State DOCUMENT # N9900000060 ELLIS TRACE UNIT 4 HOMEOWNERS ASSOCIATION, INC. 08-24-2000 90027 035 \*\*\*\*61.25 Mailing Address Principal Place of Business 1111 NICHOLSON ROAD 1111 NICHOLSON ROAD JACKSONVILLE FL 32207 JACKSONVILLE FL 32207 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required-7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Lawrence V. Ansbacher Street Address (P.O. Box Number is Not Acceptable) ANSBACHER, LAWRENCE V 5150 Belfort Road 4215 SOUTHPOINT BLVD. Building 100 SUITE 100 Zip Code 32256 JACKSONVILLE FL 32216 Jacksonville 8. The above named entity submits this statement for the our page of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE 1 (NOTE: Registered Agent signature required when reinstating) are all PILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Pavable to \$5.00 May Be Trust Fund Contribution. After September 13, 2000 min. will be \$236.25 Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. **PSTD** ☐ Delete ☐ Change ☐ Addition TITI F TITLE SOFORENKO, RENEE NAME NAME STREET ADDRESS STREET ADDRESS 1111 NICHOLSON ROAD CITY-ST-7#P CITY-ST-ZIE Jacksonville FL 32207 ☐ Addition ☐ Change TITLE VPD Delete TITLE NAME SHEFFIELD, SUSAN S NAME STREET ADDRESS STREET ADDRESS \_1440\_HICKMAN\_RD\_\_\_ CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32216 TITLE ☐ Delete TITLE ☐ Change Addition NAME SHEFFIELD, THOMAS D NAME STREET ADDRESS STREET ADDRESS 1440 HICKMAN RD ÇITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32216 Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE

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.

CITY-ST-ZIP

name Street address

SIGNATURE SUNATURE BOTH OF SIGNANG OFFICER OF DISECTOR

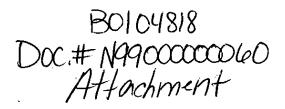
NAME

STREET ADORESS

CITY-ST-ZIP

7.24-00

904-396-4218



## ANSBACHER & SCHNEIDER, P. A. ATTORNEYS AT LAW

MAILING ADDRESS P.O. Box 551260 Jacksonville, Florida 32255-1260

LEWIS ANSBACHER MICHAEL N. SCHNEIDER LAWRENCE V. ANSBACHER TELEPHONE (904) 296-0100 FACSIMILE (904) 296-2842 WRITER'S INTERNET ADDRESS: MICHAELSCHNEIDER @JAXIAW.COM DIRECT LINE: (904) 296-0637 X3002

August 23, 2000

Division of Corporations P.O. Box 1500
Tallahassee, FL 32302

Dear Sirs:

I enclose herewith the 2000 Uniform Business Reports for Ellis Trace Unit 4 Homeowners Association, Inc., together with corresponding check in the amount of \$61.25.

If you have any questions or if you need anything further, please contact

me.

Very truly yours,

Ansbacher & Schneider, P.A.

Michael N. Schneider

MNS/lj Encl. 00-112.57