

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90460 001 *1,102.50

DOCUMENT # N99000003550

1. Entity Name

WEST JENSEN NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O 3300 UNIVERSITY DR
CORAL SPRINGS FL 33065

C/O 3300 UNIVERSITY DR
CORAL SPRINGS FL 33065

10300



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

24301 Walden Center Dr.

3. Mailing Address

24301 Walden Center Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 300

Suite 300

City & State

City & State

Bonita Springs, FL

Bonita Springs, FL

Zip

Country

Zip

Country

34134

34134

4. FEI Number

59-3582676

Applied For

Not Applicable

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

HASTINGS, VIVEN
24301 WALDON CENTER DR
BONITA SPRINGS FL 34134

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 PD
NAME SULLIVAN, KEVIN
STREET ADDRESS C/O 3300 UNIVERSITY DR
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE DP
NAME Kenneth W. Hayden
STREET ADDRESS 24301 Walden Center Drive
CITY-ST-ZIP Bonita Springs, FL 34134

TITLE VSD
NAME RUNGE, JANET
STREET ADDRESS C/O 3300 UNIVERSITY DR
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE DVS
NAME Kevin Sullivan
STREET ADDRESS C/o 3300 University Dr
CITY-ST-ZIP Coral Springs, FL 33065

TITLE D
NAME MCCALL, THOMAS
STREET ADDRESS C/O 3300 UNIVERSITY DR
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE
NAME Thomas McCall
STREET ADDRESS DT
24301 Walden Center Drive
CITY-ST-ZIP Bonita Springs, FL 34134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

KENNETH
HAYDEN

2-25-00

941-498-8620

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)