

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003904

1. Entity Name

BODDENS BLUFF HOMEOWNERS ASSOCIATION, INC.

FILED

Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90505 041 ****61.25

Principal Place of Business

1533 OSCEOLA STREET
JACKSONVILLE FL 32204

Mailing Address

1533 OSCEOLA STREET
JACKSONVILLE FL 32204

2. Principal Place of Business

10784 BODDENS ROAD

3. Mailing Address

10784 BODDENS ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FLORIDA

City & State

JACKSONVILLE, FLORIDA

Zip

32219

Country

USA

Zip

32219

Country

USA

4. FEI Number

59-3586250

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ATLEE, KENYON S
1533 OSCEOLA STREET
JACKSONVILLE FL 32204

7. Name and Address of New Registered Agent

Name

WAYNE A. URCH

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

10766 BODDENS ROAD

City

JACKSONVILLE

FL

Zip Code

32219

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

TITLE SDVT ☒ Delete
NAME EISENSTEIN, JEANNE
STREET ADDRESS 1533 OSCEOLA STREET
CITY-ST-ZIP JACKSONVILLE FL 32204

TITLE DP ☒ Delete
NAME ATLEE, KENYON
STREET ADDRESS 1533 OSCEOLA STREET
CITY-ST-ZIP JACKSONVILLE FL 32204

TITLE D ☒ Delete
NAME CRISP, DALE K
STREET ADDRESS 1533 OSCEOLA STREET
CITY-ST-ZIP JACKSONVILLE FL 32204

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Change ☒ Addition
NAME DEBBIE TURNER
STREET ADDRESS 10783 BODDENS ROAD
CITY-ST-ZIP JACKSONVILLE, FL. 32219 ☐ Change ☒ Addition

TITLE D ☐ Change ☒ Addition
NAME LARRY COUSAN
STREET ADDRESS 10799 BODDENS ROAD
CITY-ST-ZIP JACKSONVILLE, FL. 32219 ☐ Change ☒ Addition

TITLE D ☐ Change ☒ Addition
NAME SHARON MCLEAN
STREET ADDRESS 10748 BODDENS ROAD
CITY-ST-ZIP JACKSONVILLE, FL. 32219 ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Kenyon S. Atlee
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/07/01
Date

Daytime Phone #

CH2E037 (10/00)