2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

3. Mailing Address

STE 7

5345 ORTEGA BLVD

JACKSONVILLE FL 32210

DOCUMENT # N99000004936

1. Entity Name

Principal Place of Business

5345 ORTEGA BLVD

JACKSONVILLE FL 32210

2. Principal Place of Business

STE 7

TUSTENUGGEE PLANTATION OWNERS ASSOCIATION, INC.



FILED Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90813 001 ***572.50

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• `							T CONTRION ON COME TOTAL CONTRACTOR CONTRACT					
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & State			City & State			4. FEI Nu	4. FEI Number 59-3595162			Applied For Not Applicable		
Zip	Zip Country Z			Country			5. Certificate of Status Desired See Required \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent							
					Name							
WEDEKIND, LEE D JR					Observation (CO Development Control of the Control							
5345 ORTEGA BLVD STE 7					Street Address (P.O. Box Number is Not Acceptable)							
JACKSONVILLE FL 32210												
UNONOO	THE TE OFFICE			ļ								
					City FL Zip Code							
8. The above	e named entity subm	nits this statement for the p	purpose of changing its	s registere	d office or rea	istered agent, or	both in the St	ate of Florida I ar	n familiar with	and accept		
	tions of registered a		a poso o onanging n	5 /0g/6.5/6	2 000 0. 109	notorou agorit, or	5000, 117 010 01	alo or ronda. rar	Transmar With	, and assept		
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SIGNATURE										j		
Signature, typed or printed name of registered agent and title if applicable.				TE: Registered	Agent signature red	quired when reinstating)	I when reinstating)			DATE		
												
			9 Flootion Co	monian Eir	sancina	65.00	_	Maka Cha	ak Davabla	امدا		
FILE NOW: FEE IS \$61.25				 Election Campaign Finantiput Trust Fund Contribution 		\$5.00 Ma Added to Fe	y Be	Make Check Payable to Florida Department of State				
				00.10.10000	n. 📙	Added to re	,65	rioriua Depa	nunent of	State		
10. OFFICERS AND DIRECTORS					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					V 10		
TITLE			☐ Delete	11.		7.0011101107	☐ Change ☐ Addition					
NAME	WEDEKIND, LEE	D JR.	ra perere	NAME					□ Ontango	C Addition		
STREET ADDRESS	5345 ORTEGA I			_	ADDRESS					1		
CITY-ST-ZIP	JACKSONVILLE			CITY-S								
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TITLE NAME	LANE, JAMES T JR.		L.J. Delete	L Delete IIILE					Change	☐ Addition }		
STREET ADDRESS	•				ADDRESS							
CITY-ST-ZIP	JACKSONVILLE			CITY-S	l l					}		
TITLE	D	1 L JEE 10							☐ Channa	Addition		
NAME3°	VARGAS, ERNIE		☐ Delete	TITLE NAME		المعاليط المعا		~	Change .	Addition .		
STREET ADDRESS	5345 ORTEGA I				ADDRESS							
CITY-ST-ZIP	JACKSONVILLE			CITY-5	1							
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TREET ADDRESS					ADDRESS					1		
CITY-ST-ZIP				CITY-S								
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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.

SIGNATURI

SONATION AND TYPED OF DEPOTE NAME OF SIGNAMO OFFICE OF MEDICAL PROPERTY OF MEDICAL PRO

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