## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED Feb 06, 2002 8:00 am Secretary of State DOCUMENT # N9900006841 02-06-2002 90006 013 \*\*\*\*61.25 KOGER GALLERY AND GARDENS, INC. Principal Place of Business Mailing Address 4160 BOULEVARD CENTER DR 4400-DOULEVARD CENTER DE JACKSONVILLE FL 32207 JACKSONVILLE Pt 02207 910 A 910 A neptune Beach Fl 32266 F1 32266 2. Principal Place of Business Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2440510 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent )ONA-19 Street Address (P.D. Box Number Is Not Acceptable) -PADGETT, DONALD A 4160-BOULEVARD CENTER DR JACKSONVILLE FL-32207 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 (NOTE: Registered Agent signature required when reinstating) Make Check Pavable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. **Department of State** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition TITLE Delete TITLE KOGER. IRA M NAME NAME 4100 BOULEVARD CENTER DR STREET ADDRESS STREET ADDRESS J<del>ackconville fl 32207</del> CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ikoger. Nancy t NAME NAME 4160-BOULEVARD CENTER DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP IACKSONVILLE FL 02207 CITY-ST-ZIP ☐ Delete TITLE PADGETT, DONALD A ----NAME > 4466 BOULEVARD CENTER DR STREET ADDRESS STREET ADDRESS MCKSONVILLE FL-32207 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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

**SIGNATURE** 

CITY-ST-ZIP

1-21-02