

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000056953

1. Entity Name
NEW BERLIN ROAD DEVELOPMENT, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90031 015 ***150.00

Principal Place of Business
4540 SOUTHSIDE BLVD STE 302
JACKSONVILLE FL 32216

Mailing Address
4540 SOUTHSIDE BLVD STE 302
JACKSONVILLE FL 32216

2. Principal Place of Business
9551 BAYMEADOWS RD

3. Mailing Address
9551 BAYMEADOWS RD

Suite, Apt. #, etc.
SUITE 4

Suite, Apt. #, etc.
SUITE 4

City & State
JACKSONVILLE, FL

City & State
JACKSONVILLE, FL

4. FEI Number
59-3654134

Applied For
Not Applicable

Zip
32256

Country
USA

Zip
32256

Country
USA

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

HURST, CHRISTOPHER J
4540 SOUTHSIDE BLVD STE 302
JACKSONVILLE FL 32216

Name
STOKES, E. CHESTER, JR.

Street Address (P.O. Box Number is Not Acceptable)
9551 BAYMEADOWS ROAD, SUITE 4

City
JACKSONVILLE

FL

Zip Code
32256

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 E. Chester Stokes, Jr. E. CHESTER STOKES, JR. 4/16/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
NAME HURST, CHRISTOPHER J
STREET ADDRESS 4540 SOUTHSIDE BLVD STE 302
CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE DP ☐ Change ☒ Addition
NAME STOKES, E CHESTER JR
STREET ADDRESS 9551 BAYMEADOWS RD #4
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DV ☐ Change ☒ Addition
NAME PUTNAL, JAMES E
STREET ADDRESS 9551 BAYMEADOWS RD #4
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Change ☒ Addition
NAME BRAREN, MICHAEL E
STREET ADDRESS 9551 BAYMEADOWS RD #4
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Change ☒ Addition
NAME WALLACE, L. DENISE
STREET ADDRESS 9551 BAYMEADOWS RD #4
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VT ☐ Change ☒ Addition
NAME FREDENHAGEN, SHARON W
STREET ADDRESS 9551 BAYMEADOWS RD #4
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Change ☒ Addition
NAME HICE, SHERRY
STREET ADDRESS 9551 BAYMEADOWS RD #4
CITY-ST-ZIP JACKSONVILLE FL 32256

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sherry Hice
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sherry Hice

4/16/01

904/739-2249

Date

Daytime Phone #

CR2E034 (10/00)