

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000082087

FILED
Mar 06, 2002 8:00 AM
Secretary of State

Entity Name: LINDSEY'S CROSSING, INC.

Current Principal Place of Business:

3500 VIA DE LA REINA
JACKSONVILLE, FL 32217

New Principal Place of Business:

Current Mailing Address:

3500 VIA DE LA REINA
JACKSONVILLE, FL 32217

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RICHARDS, ROBERT G
3500 VIA DE LA REINA
JACKSONVILLE, FL 32217

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Change (X) Addition
Name: KRUEGER, CHARLES
Address: 4618 EMPIRE AVENUE
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: VPTD () Change (X) Addition
Name: RICHARDS, R. GLENN
Address: 3500 VIA DE LA REINA
City-St-Zip: JACKSONVILLE, FL 32217 US

Title: VPSD () Change (X) Addition
Name: SMITH, ANN K
Address: ONE INDEPENDENT DR., SUITE 2200
City-St-Zip: JACKSONVILLE, FL 32202 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES KRUEGER

PD

03/06/2002

Electronic Signature of Signing Officer or Director

_____ Date