

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90065 006 ***150.00

DOCUMENT # P94000053344

1. Entity Name
LAKE ASBURY PLAZA, INC.

Principal Place of Business

**2301 PARK AVE
 STE 406
 ORANGE PARK FL 32073-5568
 US**

Mailing Address

**C/O JOHN F. TOLSON JR
 2301 PARK AVE, STE 406
 ORANGE PARK FL 32073
 US**

2. Principal Place of Business

**462 Kingsley Ave
 Suite 101
 Orange Park FL**

3. Mailing Address

**462 Kingsley Ave
 Suite 101
 Orange Park FL**

City & State

**Orange Park FL
 Zip 32073
 Country USA**

City & State

**Orange Park FL
 Zip 32073
 Country USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3297930**

Applied For

Not Applicable

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

**TOLSON, JOHN F JR
 462 KINGSLEY AVE., STE 101
 ORANGE PARK FL 32073**

Name

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

City

FL

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

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
 NAME **PD KERRY RIFKIN** ☐ Delete
 STREET ADDRESS **3815 ELDRIDGE AVE**
 CITY-ST-ZIP **ORANGE PARK FL 32073**

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

TITLE
 NAME **VPD CHARLES L. COTTEN** ☐ Delete
 STREET ADDRESS **4821 LONG BOW RD**
 CITY-ST-ZIP **JAX FL 32210**

TITLE
 NAME ☒ Change ☐ Addition
 STREET ADDRESS **4549 Bass Place south**
 CITY-ST-ZIP **JACKSONVILLE, FL 32210**

TITLE
 NAME **STD JOAN J. BAZLEY** ☐ Delete
 STREET ADDRESS **POB 868**
 CITY-ST-ZIP **GREEN COVE SPRINGS FL 32043**

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

TITLE
 NAME **D CHERYL M. DELLINGER** ☐ Delete
 STREET ADDRESS **930 BIRDWOOD DRIVE**
 CITY-ST-ZIP **ORANGE PARK FL 32073**

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

TITLE
 NAME **D OMAR E. DAJANI** ☐ Delete
 STREET ADDRESS **3829 TIMUQANA ROAD**
 CITY-ST-ZIP **JACKSONVILLE FL 32210**

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

TITLE
 NAME **D STEPHENS, HINSON L.** ☐ Delete
 STREET ADDRESS **440 KINGSLEY AVE**
 CITY-ST-ZIP **ORANGE PARK FL**

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

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:

Joan J. Bazley, Secretary
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-27-01

Date

904-284-5077

Daytime Phone #

CR2E034 (10/00)