

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90947 019 \*\*\*150.00

**DOCUMENT # P94000053344**

1. Entity Name

LAKE ASBURY PLAZA, INC.



Principal Place of Business

462 KINGSLEY AVE.  
SUITE 101  
ORANGE PARK FL 32073  
US

Mailing Address

462 KINGSLEY AVE.  
SUITE 101  
ORANGE PARK FL 32073  
US

2. Principal Place of Business

3. Mailing Address

Post Office Box 868  
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Green Cove Springs, FL

Zip

Country

Zip

Country

32043

U.S.

6. Name and Address of Current Registered Agent

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

4. FEI Number

59-3297930

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE VPD ☐ Delete  
NAME CHARLES L. COTTEN  
STREET ADDRESS 4549 BASS PLACE SOUTH  
CITY-ST-ZIP JACKSONVILLE FL 32210

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

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

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

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

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

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

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

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

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

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

*Charles L. Cotten*  
Signature and typed or printed name of signing officer or director

*Charles L. Cotten* Vice President 2-26-03 904-284-5077

Date

Daytime Phone #

CR2E034 (10/02)