

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90076 039 ***150.00

DOCUMENT # P96000098523

1. Entity Name

ORTEGA PARK AT BLANDING, INC.

Principal Place of Business

**4315 PABLO OAKS COURT, STE. 1
JACKSONVILLE FL 32224-9667
US**

Mailing Address

**4315 PABLO OAKS COURT, STE. 1
JACKSONVILLE FL 32224-9667
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3420007

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

**STOKES, CHESTER E JR
9551 BAYMEADOWS ROAD, SUITE 4
JACKSONVILLE FL 32256**

Name

STOKES, E. CHESTER, JR.

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

4315 PABLO OAKS COURT, SUITE 1

City

JACKSONVILLE

FL

Zip Code
32224

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.

4/17/02

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, 2002 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	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
DP	STOKES, E CHESTER JR	4315 PABLO OAKS COURT, STE. 1	JACKSONVILLE FL 32224-9667	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
DV	PUTNAL, JAMES E	4315 PABLO OAKS COURT, STE. 1	JACKSONVILLE FL 32224-9667	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
V	WALLACE, DENISE L	4315 PABLO OAKS COURT, STE. 1	JACKSONVILLE FL 32224-9667	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
V	BRAREN, MICHAEL E	4315 PABLO OAKS COURT, STE. 1	JACKSONVILLE FL 32224-9667	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
T	FREDENHAGEN, SHARON W	4315 PABLO OAKS COURT, STE. 1	JACKSONVILLE FL 32224-9667	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
S	HICE, SHERRY	4315 PABLO OAKS COURT, STE. 1	JACKSONVILLE FL 32224-9667	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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

Sherry Hice, Secretary

4/17/02

904/482-1100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)