

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 20, 2001 8:00 am**  
**Secretary of State**

07-20-2001 90005 018 \*\*\*550.00

0108722 AT

**DOCUMENT # P99000019654**

1. Entity Name  
**CORE PROPERTIES, INC.**

Principal Place of Business  
**1921 HECKSCHER DRIVE  
 JACKSONVILLE FL 32218**

Mailing Address  
**1921 HECKSCHER DRIVE  
 JACKSONVILLE FL 32218**



2. Principal Place of Business

3. Mailing Address

**P.O. Box 26396**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State  
**JACKSONVILLE, FL**

4. FEI Number **59-3562376**

Applied For  
 Not Applicable

Zip

Country

Zip

Country **US**

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

**BARTLETT & HECKIN, P.A.  
 50 NORTH A1A STE. 103  
 PONTE VEDRA BEACH FL 32082**

*misspelled  
 BARTLETT*

Name **BARTLETT & HECKIN**

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

**SAME ADDRESS**

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 \$550.00  
 After September 12, 2001 Fee will be \$750.00  
 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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ABERNATHY, RANDY A</b>	
STREET ADDRESS	<b>200 CROWN CREEK DRIVE</b>	
CITY-ST-ZIP	<b>CHERRYVILLE NC 28021</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MORRISON, BRANTLEY</b>	
STREET ADDRESS	<b>4532 SWILCAN BRIDGE LANE N</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32224</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: Brantley Morrison** **7/20/01** **9044214102**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)