

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **V63028**

1. Entity Name

PLANTATION DEVELOPERS, INC.

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90375 012 ***150.00

Principal Place of Business

**9551 BAYMEADOWS RD
SUITE 4
JACKSONVILLE FL 32256**

Mailing Address

**9551 BAYMEADOWS RD
SUITE 4
JACKSONVILLE FL 32256**

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 **59-3159230**

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, E. CHESTER, JR.
9551 BAYMEADOWS RD
SUITE 4
JACKSONVILLE FL 32256**

Name

FREDENHAGEN, SHARON W.

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

9551 BAYMEADOWS ROAD, SUITE 4

City

JACKSONVILLE

State

Zip Code

32256

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

Sharon W. Fredenhagen

Sharon W. Fredenhagen

4/16/01

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

(NOTE: Registered Agent's signature required when re-stating.)

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 '01

TITLE	DP	☒ Delete
NAME	STOKES, E. CHESTER, JR.	
STREET ADDRESS	9551 BAYMEADOWS RD #4	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE	V	☒ Delete
NAME	BERGMANN, THOMAS C	
STREET ADDRESS	9551 BAYMEADOWS RD #4	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE	VTAS	☒ Delete
NAME	FREDENHAGEN, SHARON W	
STREET ADDRESS	9551 BAYMEADOWS RD #4	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE	V	☒ Delete
NAME	WALLACE, L DENISE	
STREET ADDRESS	9551 BAYMEADOWS RD #4	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE	S	☒ Delete
NAME	HICE, SHERRY	
STREET ADDRESS	9551 BAYMEADOWS RD #4	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE	V	☒ Delete
NAME	BRAREN, MICHAEL E	
STREET ADDRESS	9551 BAYMEADOWS RD #4	
CITY-STATE-ZIP	JACKSONVILLE FL 32256	

TITLE	DP	☐ Change ☒ Addition
NAME	FREDENHAGEN, SHARON W.	
STREET ADDRESS	9551 BAYMEADOWS ROAD, #4	
CITY-STATE-ZIP	JACKSONVILLE, FL 32256	
TITLE	DVT	☐ Change ☒ Addition
NAME	MOHRMAN, MARILYN J.	
STREET ADDRESS	9551 BAYMEADOWS ROAD, #4	
CITY-STATE-ZIP	JACKSONVILLE, FL 32256	
TITLE	DVS	☐ Change ☒ Addition
NAME	HICE, SHERRY	
STREET ADDRESS	9551 BAYMEADOWS ROAD, #4	
CITY-STATE-ZIP	JACKSONVILLE, FL 32256	
TITLE	DV	☐ Change ☒ Addition
NAME	WALKER, BARBARA S.	
STREET ADDRESS	9551 BAYMEADOWS ROAD, #4	
CITY-STATE-ZIP	JACKSONVILLE, FL 32256	
TITLE	DV	☐ Change ☒ Addition
NAME	MCLEOD, JO ANN	
STREET ADDRESS	9551 BAYMEADOWS ROAD, #4	
CITY-STATE-ZIP	JACKSONVILLE, FL 32256	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 4/16/01 904/739-2249

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (10/00)