

**2002 UNIFORM BUSINESS REPORT (UBR) AMENDED**

04-11-2002 90699 008 \*\*\*\*61.25  
FILE END 000002870

DOCUMENT # **NO1000002870**

1. Entity Name

**RABBIT RIDGE HOMEOWNERS ASSOCIATION, INC.**

02 APR 25 PM 3:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

4501 BEVERLY AVE  
JACKSONVILLE FL 32210

4501 BEVERLY AVE  
JACKSONVILLE FL 32210



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2215 E State Rd 200

3. Mailing Address

PO Box 1987

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Yulee FL

City & State

Yulee FL

4. FEI Number

37-3719248

Applied For

Not Applicable

Zip

32097

Country

US

Zip

32097

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

ATLEE, KENYON S  
4501 BEVERLY AVE  
JACKSONVILLE FL 32210

Name **TERRELL J POWELL**

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

2215 E State Rd 200

City Yulee

FL

32097

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.

TERRELL J POWELL

SIGNATURE

*Terrell J Powell*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when reinstating)

3-6-02

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Delete
NAME	ATLEE, KENYON S	
STREET ADDRESS	4501 BEVERLY AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	BRADFORD, ERIC N	
STREET ADDRESS	4501 BEVERLY AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	D	<input type="checkbox"/> Delete
NAME	CRISP, DALE K	
STREET ADDRESS	4501 BEVERLY AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*SKENNOR*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/01

Date

904 384 8611

Daytime Phone #

CR2E037 (9/01)