

# 2001 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # L99000001476**

1. Entity Name  
**ST. JOHNS PLACE, L.C.**

**FILED**

**2001 MAY 10 PM 3:37**

**DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA**



Principal Place of Business      Mailing Address

FL9-001-09-03      FL9-001-09-03  
 50 NORTH LAURA STREET      50 NORTH LAURA STREET  
 JACKSONVILLE FL 32202-3664      JACKSONVILLE FL 32202-3664

2. *NCI-021-02-20*  
 401 N TRYON ST  
 CHARLOTTE NC 28255

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 401 N TRYON ST  
 CHARLOTTE NC 28255

DO NOT WRITE IN THIS SPACE

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **59-3563646**      Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

**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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00  
 Make Check Payable to Department of State**

**9. MANAGING MEMBERS / MEMBERS**

TITLE	<b>MGRM # Banc of</b>	<input type="checkbox"/> Delete
NAME	<b>* AMERICA COMMUNITY DEVELOPMENT CORP.</b>	
STREET ADDRESS	<b>50 NORTH LAURA STREET FL9-001-09-03</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32202-3664</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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**10. ADDITIONS / CHANGES**

TITLE	<b>mgr m</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Banc of America Community Development Corp.</b>	
STREET ADDRESS	<b>NCI-021-02-20</b>	
CITY-ST-ZIP	<b>401 N TRYON ST CHARLOTTE NC 28255</b>	
TITLE	<b>SVP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Greg S. Mroz</b>	
STREET ADDRESS		
CITY-ST-ZIP		
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		

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** *Greg S. Mroz*      **SVP**      **Greg S. Mroz**      **5-3-01**      **704.386.5591**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #