

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000000084

1. Entity Name

ROYAL ST. AUGUSTINE PARCEL OWNERS ASSOCIATION, I

FILED
Mar 16, 2001 8:00 am
Secretary of State

03-16-2001 90044 004 ****61.25

0013720

Principal Place of Business

3117 MOHAVE WAY
JACKSONVILLE FL 32259

Mailing Address

3117 MOHAVE WAY
JACKSONVILLE FL 32259

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FFL Number

59-3631443

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MURPHY, PATRICK T
3117 MOHAVE WAY
JACKSONVILLE FL 32259

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

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE PD ☐ Delete
NAME MURPHY, PATRICK T
STREET ADDRESS 3117 MOHAVE WAY
CITY-ST-ZIP JACKSONVILLE FL 32259

TITLE VTD ☐ Delete
NAME DEVLIN, WALLACE R
STREET ADDRESS 8535 BAYMEADOWS RD.,STE.3-153
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE VSD ☐ Delete
NAME MONTGOMERY, MITCHELL R
STREET ADDRESS 9440 PHILIPS HWY.-STE.9
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 9440 Philips Hwy, Ste 9
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: X SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)