2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State
05-01-2002 91542 046 ****61.25

0004605

DOCUMENT # N03196

1. Entity Name

THE WHITEHALL OF ST. JOHNS COUNTY, INC.

Principal Place of Business	Mailing Address
1835 N 3RD STREET JACKSONVILLE BEACH FL 32250	PO BOX 330507 ATLANTIC BEACH FL 32233

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Marvin Real Estate	Marvin Real Estate
Suite, Apt. #, etc.: 1835 N. 3rd. St.	Suite, Apt. #, etc.: P.O. Box 330026
City & State: Jax Beach FL.	City & State: Atlantic Beach FL.
Zip: 32250 Country: USA	Zip: 32233 Country: USA

4. FEI Number 59-3010091 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MARVIN, SONIA
1835 N 3RD STREET
JACKSONVILLE BEACH FL 32250

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 Sonia M Marvin 4/12/02

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HAILEY, LARRY 1819 PEACHTREE STREET ATLANTA GA	☐ Delete	PD Hailey, Larry 1819 Peachtree Rd. Ste. 550 Atlanta GA 30309	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MOCK, CHARLES 673-C PONTE VEDRA BLVD PONTE VEDRA FL	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GLENNA WARE P O BOX 2479 N/A PONTE VEDRA BCH FL 32004	☐ Delete	D Ware, Glenna 306 St. Andrews Ct. LeGrange, GA 30240	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD BOWEN, HAROLD 3350 RIVERWAY PARKWAY, SUITE #1580 ATLANTA GA 30339	☐ Delete	STD Bowen, Harold 3290 Northside Pkwy. Ste. 880 Atlanta GA 30327	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAYES, JO 4754 LONG BOW RD JACKSONVILLE FL 32210	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (9/01)

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: L Hailey SIGNATURE REQUIRED 4-12-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date