2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N46752

1. Entity Name

PORT SAINT JOHN SENIOR'S INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State
03-04-2000 90107 029 ****61.25

Principal Place of Business	Mailing Address
255 CAPRON ROAD COCOA FL 32927	255 CAPRON ROAD COCOA FL 32927-5105

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
255 CAPRON ROAD Suite, Apt. #, etc.	PORT SAINT JOHN SENIORS INC. Suite, Apt. #, etc. P.O. BOX 10084
City & State PORT SAINT JOHN FL	City & State PORT SAINT JOHN FL
Zip FL	Country
Zip 32927	Country

4. FEI Number 59-3096014 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

EMR, GEORGE V.
255 CAPRON ROAD
COCOA FL 32927
Port Saint John FL 32927

7. Name and Address of New Registered Agent

Name

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

City: PORT SAINT JOHN FL Zip Code: 32927

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: George V. Emr Pres George V. Emr 2/24/00
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	D HURST, WILLIAM 6865 BELFAST AVE. COCOA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DUNHAM, WILLIS 4970 CARTER St. PORT ST JOHN FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V QUENTIN RICHTER 6825 BELFAST AVE PORT SAINT JOHN 32927	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ P EMR, GEORGE V 255 CAPRON ROAD COCOA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KRUEGER, MARK 5045 MAYFLOWER ST. COCOA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BROOKS, RUTH 3935 OAKLAND AVE. COCOA FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MARY E. EMR 255 Capron Road port Saint John 32927	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P O'HARA, ROSE 4275 FAY BLVD COCOA FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DOROTHY JACKSON 6210 ARBOR AVE PORT SAINT JOHN 32927	☒ Change ☐ Addition

CR2E037 (9/99)

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: George V. Emr GEORGE V. EMR George V. Emr 2/24/00 321 639 2929
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #