

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003295

1. Entity Name  
**SAINT JOHNS NORTHWEST COMMERCIAL PROPERTY OWNERS**

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90080 019 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business 101 EAST TOWN PLACE SUITE 200 ST AUGUSTINE FL 32092 US	Mailing Address 101 EAST TOWN PLACE SUITE 200 ST AUGUSTINE FL 32092-2726 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
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4. FEI Number <b>59-3392626</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DAVIDSON, JAMES E JR 101 EAST TOWN PALCE SUITE 200 ST AUGUSTINE FL 32092		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)

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

<b>FILE NOW:</b> FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD	DAVIDSON, JAMES E JR 101 EAST TOWN PALCE STE 200 ST AUGUSTINE FL 32092	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD	GIL, EDUARDO 101 EAST TOWN PLACE STE 200 ST AUGUSTINE FL 32092	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD	DAVIDSON, SHARON P 101 EAST TOWN PLACE STE 200 ST AUGUSTINE FL 32092	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD	KELLY, VERNON 112 TPC BLVD PONTE VEDRA BEACH FL 32082	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	BECKWITH, RUFFIN 21 WORLD GOLF PLACE PONTE VEDRA BEACH FL 32092	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: ~~SIGNATURE REQUIRED~~ 4/17/00 904-5405030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)