## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # **N9600000365** Jun 08, 2000 8:00 am **Secretary of State** COLONY AT PONTE VEDRA VIII CONDOMINION ASSOCIATI 06-08-2000 90017 021 \*\*\*\*61.25 Mailing Address Principal Place of Business 10161 CENTURION PKWY NO 10161 CENTURION PKWY NO SUITE 150 SHITE 150 JACKSONVILLE FL 32256-0586 JACKSONVILLE FL 32256 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3470313 Not Applicable \$8.75 Additional Zip` Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) DUSS, JOHN S IV San Jose **50 N LAURA STREET SUITE 2800** Zip Code JACKSONVILLE FL 32202 32257 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. Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. ☐ Addition ☐ Change ☐ Delete TITLE TITLE PD NAME NAME sisk, John K 037 STREET ADDRESS STREET ADDRESS 10161 CENTURION PKWY NO SUITE 150 CITY-ST-ZIP CITY-ST-ZIF JACKSONVILLE FL 32256 TITLE Change Addition ☐ Delete TITLE STD NAME NAME CLARK, ERNESTINE L STREET ADDRESS STREET ADDRESS 10161 CENTURION PKWY NO SUITE 150 CITY-ST-ZIP CITY-ST-ZIP Jacksonville Fl 32<u>256</u> ☐ Addition TITLE ☐ Delete TITLE NAME DUSE, JOHN S IV 10110 San Jose Blud STREET ADDRESS STREET ADDRESS 50 N LAURA STREET SUITE 2800 Jacksonville, FL 32257 CITY-ST-ZIP CITY-ST-ZIP Jacksonville FL 32202 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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:

F SIGNING OFFICER OF DIRECTOR

Date

Date

Dayline Phone #