

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 383538

1. Entity Name

THE JOHN GIRVAN COMPANY, INC.

Principal Place of Business

11730 PHILLIPS HWY  
JACKSONVILLE FL 32256  
US

Mailing Address

11730 PHILLIPS HWY  
JACKSONVILLE FL 32256-1642  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1349742

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GIRVAN, DON H.  
11730 PHILLIPS HWY.  
JACKSONVILLE FL 32256

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	TDC	<input type="checkbox"/> Delete
NAME	GIRVAN, DON H.	
STREET ADDRESS	5417 RIVERWOOD RD N.	
CITY-ST-ZIP	ST AUGUSTINE FL 32092	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	REYNOLDS, LINDA G	
STREET ADDRESS	4380 APPLE TREE PLACE	
CITY-ST-ZIP	JACKSONVILLE, FL 00000 32258	
TITLE	P	<input type="checkbox"/> Delete
NAME	STERLING, ROBERT	
STREET ADDRESS	11039 LOSCO PINES CT	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	10709 QUAIL RIDGE DR.	
CITY-ST-ZIP	ST AUGUSTINE FL 32095	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Don H. Girvan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-00  
Date

904-260-4805  
Daytime Phone #

CR2E034 (9/99)

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90397 041 \*\*\*150.00



DO NOT WRITE IN THIS SPACE