

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90104 012 ***150.00

DOCUMENT # 521515

1. Entity Name
ST. JOHNS BAR PILOTS, INC.

Principal Place of Business 4910 OCEAN STREET MAYPORT FL 32233	Mailing Address 4910 OCEAN STREET MAYPORT FL 32233-2444
--	---



DO NOT WRITE IN THIS SPACE

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 59-1939439	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

THOMAS, JAMES P
4910 OCEAN DR
MAYPORT FL 32233

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 _____ (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	
TITLE PS D	<input type="checkbox"/> Delete
NAME BRYSON, ERIC C	
STREET ADDRESS 4910 OCEAN ST	
CITY-ST-ZIP MAYPORT FL	
TITLE VP D	<input type="checkbox"/> Delete
NAME WINEGEART, JP	
STREET ADDRESS 4910 OCEAN ST	
CITY-ST-ZIP MAYPORT FL	
TITLE D	<input type="checkbox"/> Delete
NAME COLVER, D. R	
STREET ADDRESS 4910 OCEAN ST	
CITY-ST-ZIP MAYPORT FL	
TITLE PS	<input type="checkbox"/> Delete
NAME THOMAS, JAMES P	
STREET ADDRESS 4910 OCEAN ST	
CITY-ST-ZIP MAYPORT FL	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME ELEMIRE, PC	
STREET ADDRESS 4910 OCEAN ST	
CITY-ST-ZIP MAYPORT FL	
TITLE VP	<input type="checkbox"/> Delete
NAME BRAUER, WILLIAM M	
STREET ADDRESS 4910 OCEAN ST	
CITY-ST-ZIP MAYPORT FL 32233	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BRYSON, ERIC C.	
STREET ADDRESS 4910 OCEAN STREET	
CITY-ST-ZIP MAYPORT, FL.	
TITLE DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WINEGEART, J.P.	
STREET ADDRESS 4910 OCEAN STREET	
CITY-ST-ZIP MAYPORT, FL.	
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: *[Signature]* **4/12/2000** **904/249-5631**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)