

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 644942

1. Entity Name  
ST. MARY'S RIVER BLUFFS, INC.



FILED  
03 APR 18 AM 8:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
11635 NW 1ST AVE  
GAINESVILLE FL 32607

Mailing Address  
11635 NW 1ST AVE  
GAINESVILLE FL 32607

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 59-1979534

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CURTIS, JOHN M  
11635 NW 1ST AVE  
GAINESVILLE FL 32607

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE SD ☐ Delete  
NAME YARBROUGH, ED  
STREET ADDRESS RT. 1, BOX 70  
CITY-ST-ZIP SANDERSON, FL 00000

TITLE ☐ Change ☐ Addition  
NAME 300017082513  
STREET ADDRESS 04/25/03--01026--007 \*\*150.00  
CITY-ST-ZIP

TITLE VD ☐ Delete  
NAME RHODEN, THOMAS  
STREET ADDRESS 789 6TH ST S; POB 386  
CITY-ST-ZIP MACCLENNY, FL 00000

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PD ☐ Delete  
NAME CURTIS, JOHN M  
STREET ADDRESS 11635 NW 1ST AVE  
CITY-ST-ZIP GAINESVILLE, FL 00000

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE AS ☐ Delete  
NAME CURTIS, GAIL W  
STREET ADDRESS 11635 NW 1ST AVE  
CITY-ST-ZIP GAINESVILLE, FL 00000

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 607, 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 President John M. Curtis 04/16/03 352-332-0838  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)

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