# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Feb 24, 2000 8:00 am**
**Secretary of State**
02-24-2000 90010 026 ****61.25

DOCUMENT # 724841

1. Entity Name

POINT MATANZAS MANAGEMENT INC

| Principal Place of Business | Mailing Address |
|---|---|
| 7265 A-1-A SOUTH<br>UNIT B-7<br>ST. AUGUSTINE FL 32086 | 7265 A-1-A SOUTH<br>UNIT B-7<br>ST. AUGUSTINE FL 32086-6914 |

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 59-1479131 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

FREEMAN, NEIL
7265 A1A SOUTH
UNITE B1
ST AUGUSTINE FL 32086

**7. Name and Address of New Registered Agent**

Name KENNETH E. EUBANKS
Street Address (P.O. Box Number is Not Acceptable)
141 RANCH ROAD
City EAST PALATKA FL Zip Code 32131

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 Kenneth E. Eubanks 2-07-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS $61.25**

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

**Make Check Payable to Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>MARY GERUTZKI<br>7265 A1A S #D-5<br>ST AUGUSTINE FL 32086 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>GEORGE HIN<br>7265 A1A S #A-4<br>ST AUGUSTINE FL 32086 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>TRAVERS, JAMES<br>7265 A1A SOUTH B7<br>ST. AUGUSTINE FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>FREEMAN, C H<br>7265 A1A SOUTH UNIT B1<br>ST AUGUSTINE FL | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>KENNETH E. EUBANKS<br>141 RANCH ROAD<br>EAST PALATKA, FL 32131 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>FRANKLIN, JEAN S<br>115 ST JOHNS BLVD<br>E PALATKA FL | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>HOLLOWAY C. SHINER<br>7265 A1A SOUTH UNIT D7<br>ST. AUGUSTINE, FL 32086 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (9/99)

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:** James E. Travers JAMES E. TRAVERS 2/2/00 904-471-8276
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #