2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State
02-06-2001 90338 008 ****61.25

DOCUMENT # 724841

1. Entity Name

POINT MATANZAS MANAGEMENT INC

Principal Place of Business	Mailing Address
7265 A-1-A SOUTH UNIT B-7 ST. AUGUSTINE FL 32086	7265 A-1-A SOUTH UNIT B-7 ST. AUGUSTINE FL 32086

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 32080 / Country	Zip 32080 / 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	7. Name and Address of New Registered Agent
EUBANKS, KENNETH E 141 RANCH RD EAST PALATKA FL 32131	Name JAMES E. TRAVERS Street Address (P.O. Box Number is Not Acceptable) 7265 A1A SOUTH UNIT B7 City ST AUGUSTINE **FL** Zip Code 32080

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 James E. Travers 2/5/01
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 MARY GERLITZKI 7265 A1A S #D-5 ST AUGUSTINE FL 32086	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	32080	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GEORGE HIN 7265 A1A S #A-4 ST AUGUSTINE FL 32086	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	32080	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD TRAVERS, JAMES 7265 A1A SOUTH B7 ST. AUGUSTINE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	32080	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD EUBANKS, KENNETH E 141 RANCH RD EAST PALATKA FL 32131	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOLLOWAY, SHINER C 7265 AIA S UNIT D7 SAINT AUGUSTINE FL 32086	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JEAN FRANKLIN 7265 A1A SO. UNIT B8 ST. AUGUSTINE, FL 32080	☐ Change ☒ Addition

CR2E037 (10/00)

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 **SIGNATURE REQUIRED** JE. TRAVERS 2/5/01 904-471-8276
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #