2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State
02-20-2002 90153 048 ****61.25

DOCUMENT # 724841

1. Entity Name

POINT MATANZAS MANAGEMENT INC

Principal Place of Business	Mailing Address
65 A-1-A SOUTH NIT B-7 T AUGUSTINE FL 32080	7265 A-1-A SOUTH UNIT B-7 ST AUGUSTINE FL 32080

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	7. Name and Address of New Registered Agent
TRAVERS, JAMES E 7265 A1A SOUTH UNIT B7 ST AUGUSTINE FL 32080	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

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

CR2E037 (9/01)

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 JAMES E. TRAVERS 2/1/02 904-471-8276
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #