

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2003 8:00 am
Secretary of State

03-06-2003 90124 016 ****61.25

DOCUMENT # 724841

1. Entity Name
POINT MATANZAS MANAGEMENT INC



Principal Place of Business
**7265 A-1-A SOUTH
UNIT B-7
ST AUGUSTINE FL 32080**

Mailing Address
**7265 A-1-A SOUTH
UNIT B-7
ST AUGUSTINE FL 32080**

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

☐ CHECK HERE IF MAKING CHANGES

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

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** ☐ Delete
NAME **MARY GERLITZKI**
STREET ADDRESS **7265 A1A S #D-5**
CITY-ST-ZIP **ST AUGUSTINE FL 32086**

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

TITLE **VD** ☐ Delete
NAME **GEORGE HIN**
STREET ADDRESS **7265 A1A S #A-4**
CITY-ST-ZIP **ST AUGUSTINE FL 32086**

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

TITLE **TD** ☐ Delete
NAME **TRAVERS, JAMES**
STREET ADDRESS **7265 A1A SOUTH B7**
CITY-ST-ZIP **ST. AUGUSTINE FL**

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

TITLE **PD** ☒ Delete
NAME **EUBANKS, KENNETH E**
STREET ADDRESS **141 RANCH RD**
CITY-ST-ZIP **EAST PALATKA FL 32131**

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

TITLE **PD** ☐ Delete
NAME **HOLLOWAY, SHINER C**
STREET ADDRESS **7265 AIA S UNIT D7**
CITY-ST-ZIP **SAINT AUGUSTINE FL 32086**

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

TITLE **D** ☐ Delete
NAME **FRANKLIN, JEAN**
STREET ADDRESS **7265 AIA SOUTH B8**
CITY-ST-ZIP **ST. AUGUSTINE FL 32080**

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 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: **SIGNATURE REQUIRED**

3/4/03 904-471-8276

CR2E037 (10/02)