

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 26, 2001 8:00 am**  
**Secretary of State**

03-26-2001 90002 037 \*\*\*\*70.00

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**DOCUMENT # 726192**

1. Entity Name

**ST. JOHNS ESTATES, INC.**

Principal Place of Business

Mailing Address

**C/O MARCELLE WOOD  
 2500 BASS BLVD.  
 GENEVA FL 32732**

**C/O MARCELLE WOOD  
 2500 BASS BLVD.  
 GENEVA FL 32732**

2. Principal Place of Business

3. Mailing Address

*Same*

*Same*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1740800**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WOOD, MARCELLE  
 2500 BASS BLVD  
 GENEVA FL 32732**

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.

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

TITLE  Delete  
 NAME **PD CLARK, DORIS C.**  
 STREET ADDRESS **2600 SHAD LANE**  
 CITY-ST-ZIP **GENEVA FL**

TITLE  Change  Addition  
 NAME **PD George Wallace**  
 STREET ADDRESS **2616 Shad Lane**  
 CITY-ST-ZIP **Geneva, Fl 32739**

TITLE  Delete  
 NAME **T WOOD, MARCELLE**  
 STREET ADDRESS **2500 BASS BLVD**  
 CITY-ST-ZIP **GENEVA FL 32732**

TITLE  Change  Addition  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

TITLE  Delete  
 NAME **VDP LUNS福德, TERRY**  
 STREET ADDRESS **2624 SHAD LANE**  
 CITY-ST-ZIP **GENEVA FL**

TITLE  Change  Addition  
 NAME **VOP Hollis Brazier**  
 STREET ADDRESS **PO Box 195176**  
 CITY-ST-ZIP **Winter Springs, Fl 32719**

TITLE  Delete  
 NAME **SD WOOD, MARCELLE**  
 STREET ADDRESS **2632 BASS BLVD**  
 CITY-ST-ZIP **GENEVA FL**

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 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: *Marcelle Wood* **Marcelle Wood** *3-21-01* **3-21-01** *401-349-2265* **401-349-2265**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)