

**2002 UNIFORM BUSINESS REPORT (UBR)**

5/2

**FILED**  
**Jun 27, 2002 8:00 am**  
**Secretary of State**

05-29-2002 93589 044 \*\*\*\*70.00

**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

95238



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**40 Hollis Brazier**  
 Suite, Apt. #, etc.  
**2323 Brazier Pt.**

**40 Hollis Brazier**  
 Suite, Apt. #, etc.  
**2323 Brazier Pt.**

City & State  
**GENEVA, FL**

City & State  
**GENEVA, FL**

4. FEI Number

**59-1740800**

Applied For

Not Applicable

Zip  
**32732**

Country  
**USA**

Zip  
**32732**

Country  
**USA**

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

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

Name **Hollis Brazier**

Street Address (P.O. Box Number is Not Acceptable)

**2323 BRAZIER PT.**

City **GENEVA**

**FL**

Zip Code **32732**

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

*Hollis C. Brazier*

**4/23/2002**

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	PD WALLACE, GEORGE 2616 SHAD LANE GENEVA FL 32732	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WOOD, MARCELLE 2500 BASS BLVD GENEVA FL 32732	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDP BRAZIER, HOLLIS PO BOX 195176 WINTER SPRINGS FL 32719	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WOOD, MARCELLE 2632 BASS BLVD GENEVA FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD George Wallace 2616 Shad Lane GENEVA, FL 32732	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Hollis BRAZIER 2323 BRAZIER PT GENEVA, FL 32732	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDP Hollis BRAZIER 2323 BRAZIER PT GENEVA, FL 32732	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Hollis BRAZIER 2323 BRAZIER PT GENEVA, FL 32732	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Hollis C. Brazier* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)