

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90143 022 *****70.00

DOCUMENT # 739754

1. Entity Name

ST. JOHNS TERRACE HOMES, INC.

Principal Place of Business

Mailing Address

**2751 ST. JOHN'S AVENUE
 JACKSONVILLE FL 32205**

**2751 ST. JOHN'S AVENUE
 JACKSONVILLE FL 32205**

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

59-0637862

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

**GLASHEEN, CHARLES
 200 LAURA STREET
 12TH FLOOR
 JACKSONVILLE FL 32202**

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 **PD** ☐ Delete
 NAME **HARDAKER, PAUL MRS**
 STREET ADDRESS **4289 RAPALLO ROAD**
 CITY-ST-ZIP **JACKSONVILLE, FL 00000 32244**

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

TITLE **VD** ☐ Delete
 NAME **GLASHEEN, MRS. CHARLES**
 STREET ADDRESS **4655 APACHE AVE.**
 CITY-ST-ZIP **JACKSONVILLE, FL 00000**

TITLE ☒ Change ☐ Addition
 NAME **Davidson, Paul**
 STREET ADDRESS **4407 Ortega Forest Dr.**
 CITY-ST-ZIP **Jacksonville, FL 32607**

TITLE **V** ☐ Delete
 NAME **DAVIDSON, PAUL MRS.**
 STREET ADDRESS **4407 ORTEGA FOREST DR**
 CITY-ST-ZIP **JACKSONVILLE FL 32607**

TITLE ☒ Change ☐ Addition
 NAME **Glasheen, Charles**
 STREET ADDRESS **4655 Apache Ave.**
 CITY-ST-ZIP **Jacksonville, FL**

TITLE **V** ☐ Delete
 NAME **TRIMBLE, MRS. JAMES**
 STREET ADDRESS **4919 ORTEGA FOREST DRIVE**
 CITY-ST-ZIP **JACKSONVILLE, FL 00000**

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

TITLE **TD** ☐ Delete
 NAME **LOFTIN, CURTIS MRS**
 STREET ADDRESS **1840 CHALLEN AVE**
 CITY-ST-ZIP **JACKSONVILLE FL 32205**

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

TITLE **ATD** ☐ Delete
 NAME **WILSON, HARRY MRS**
 STREET ADDRESS **3830 BETTES CIRCLE**
 CITY-ST-ZIP **JACKSONVILLE FL 32210**

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

2/11/02

904-389-9878

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)