

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000002477

1. Entity Name

SKINNER ST. JOHNS COUNTY, LTD.

Principal Place of Business

6803 OLD KINGS ROAD SOUTH  
JACKSONVILLE FL 32217

Mailing Address

6803 OLD KINGS ROAD SOUTH  
JACKSONVILLE FL 32217-2803

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 59-3416983

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

HOLBROOK, H. LEON  
ONE INDEPENDENT DR., STE. 2301  
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

9. Capital Contributions as Shown on record.

\$527,637.50

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #  
NAME SKINNER, A. CHESTER III  
STREET ADDRESS 6803 OLD KINGS ROAD SOUTH  
CITY - ST - ZIP JACKSONVILLE FL 32217

STREET ADDRESS

CITY - ST - ZIP

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DOCUMENT #  
NAME FORREST SKINNER, CHRISTOPHER  
STREET ADDRESS 6803 OLD KINGS ROAD SOUTH  
CITY - ST - ZIP JACKSONVILLE FL 32217

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #  
NAME SKINNER, DAVID GODFREY  
STREET ADDRESS 6803 OLD KINGS ROAD SOUTH  
CITY - ST - ZIP JACKSONVILLE FL 32217

STREET ADDRESS

CITY - ST - ZIP

12/3/00

DOCUMENT #  
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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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

SIGNATURE: DAVID G. SKINNER 2/25/00 904-731-4818

CR25003 (01/00)