

# 2001 UNIFORM BUSINESS REPORT (UBR)

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**DOCUMENT # A96000002477**

**1. Entity Name**  
SKINNER ST. JOHNS COUNTY, LTD.

**FILED**

*Handwritten signature*

**Principal Place of Business**  
6803 OLD KINGS ROAD SOUTH  
JACKSONVILLE FL 32217

**Mailing Address**  
6803 OLD KINGS ROAD SOUTH  
JACKSONVILLE FL 32217

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**2. Principal Place of Business**  
Suite, Apt. #, etc.

**3. Mailing Address**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**

**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**  
  
HOLBROOK, H. LEON  
ONE INDEPENDENT DR., STE. 2301  
JACKSONVILLE FL 32202

**7. Name and Address of New Registered Agent**  
  
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	STREET ADDRESS	STREET ADDRESS	
	SKINNER, A. CHESTER III	6803 OLD KINGS ROAD SOUTH	CITY-ST-ZIP	
	JACKSONVILLE FL 32217			
DOCUMENT #	NAME	STREET ADDRESS	STREET ADDRESS	
	FORREST SKINNER, CHRISTOPHER	6803 OLD KINGS ROAD SOUTH	CITY-ST-ZIP	
	JACKSONVILLE FL 32217			
DOCUMENT #	NAME	STREET ADDRESS	STREET ADDRESS	
	SKINNER, DAVID GODFREY	6803 OLD KINGS ROAD SOUTH	CITY-ST-ZIP	
	JACKSONVILLE FL 32217			
DOCUMENT #	NAME	STREET ADDRESS	STREET ADDRESS	
			CITY-ST-ZIP	
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			CITY-ST-ZIP	

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**14. 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:** *David G. Skinner* **3/9/01** **(904) 731-4818**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)