

2002 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

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.

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 CITY-ST-ZIP	SKINNER, A. CHESTER III 6803 OLD KINGS ROAD SOUTH JACKSONVILLE FL 32217	STREET ADDRESS	
		CITY-ST-ZIP	300005418843--5 -05/01/02--01084--022
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	FORREST SKINNER, CHRISTOPHER 6803 OLD KINGS ROAD SOUTH JACKSONVILLE FL 32217	STREET ADDRESS	****526.25 ****526.25
		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	SKINNER, DAVID GODFREY 6803 OLD KINGS ROAD SOUTH JACKSONVILLE FL 32217	STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
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		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4-17-02 (904) 731-4818

LF.

FILED
02 APR 25 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E003 (9/01)

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