

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000002481

1. Entity Name

ST. AUGUSTINE SEA COLONY, LTD.

FILED

00 JAN 24 PM 4:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

50 NORTH LAURA STREET, SUITE 3300
JACKSONVILLE FL 32202

Mailing Address

50 NORTH LAURA STREET, SUITE 3300
JACKSONVILLE FL 32202-3661

2. Principal Place of Business

2453 S. THIRD STREET

3. Mailing Address

2453 S. THIRD STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

JACKSONVILLE BCH., FL

City & State

JACKSONVILLE BCH., FL

4. FEI Number

59-3567548

APPLIED FOR

Applied For

Not Applicable

Zip

32250

Country

USA

Zip

32250

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RAX CO.
50 NORTH LAURA STREET, SUITE 3300
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

Name

JAMES N. MCGARVEY, JR.

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

2453 S. THIRD STREET

City

JACKSONVILLE BEACH

FL

Zip Code

32250

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.

JAMES N. MCGARVEY, JR.

(Note: Registered Agent signature required when reinstating)

DATE

1/19/00

9. Capital Contributions
as Shown on record.

\$3,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$300,000.00

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

DOCUMENT # P98000053232
NAME JNM ST. AUGUSTINE, INC.
STREET ADDRESS 2453 SOUTH THIRD STREET
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

100003145051--2

02/23/00 01088-022

***526.25 ***526.25

DOCUMENT #

NAME
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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

JAMES N. MCGARVEY, PRESIDENT
JNM ST. AUGUSTINE, INC.
GENERAL PARTNER

(904) 247-

9160

Daytime Phone #

1/19/00