

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B94000000284

1. Entity Name

ST. JOHN'S INVESTORS LIMITED PARTNERSHIP

Principal Place of Business

701 EAST BAY STREET
CHARLESTON SC 29403

Mailing Address

701 EAST BAY STREET
CHARLESTON SC 29403-5033

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

57-0999063

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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.

\$270,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

270,000.

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 # F94000003320
NAME ST. JOHN'S PLAZA, INC. DBA GAPE, INC.
STREET ADDRESS 701 EAST BAY STREET
CITY - ST - ZIP CHARLESTON SC 29403

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

3000003184003--3

STREET ADDRESS

-03/24/00--01122--006

CITY - ST - ZIP

1052.50 *526.25

DOCUMENT #
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CITY - ST - ZIP

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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:

Walter J. White General Partner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

3/3/00

843/724-3405

Daytime Phone #

FILED

00 MAR 14 AM 11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE