

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90066 011 ***150.00

DOCUMENT # F40519

1. Entity Name

FLAGLER DEVELOPMENT COMPANY

Principal Place of Business

P.O. BOX 1048
ST AUGUSTINE FL 32084

Mailing Address

P.O. BOX 1048
ST AUGUSTINE FL 32084

2. Principal Place of Business

10151 Deerwood Park Blvd.

Suite, Apt. #, etc.

Bldg. 100, Suite 330

City & State

Jacksonville, Florida

Zip

32256

Country

3. Mailing Address

10151 Deerwood Park Blvd.

Suite, Apt. #, etc.

Bldg. 100, Suite 330

City & State

Jacksonville, Florida

Zip

32256

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2116258

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

EDDINS, HEILI J
ONE MALAGA STREET
ST. AUGUSTINE FL 32084

7. Name and Address of New Registered Agent

Name

Karl B. Hanson III

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

10151 Deerwood Park Blvd.
Bldg. 100, Suite 330

City

Jacksonville

FL

Zip Code

32256

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.

KARL B. HANSON III

(NOTE: Registered Agent signature required when reinstating)

4-17-01

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MCSWAIN, ROBERT F	
STREET ADDRESS	ONE MALAGA STREET	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32084	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ANESTIS, R W	
STREET ADDRESS	ONE MALAGA STREET	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	EDDINS, HEIDI J	
STREET ADDRESS	ONE MALAGA STREET	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32084	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert F. MacSwain	
STREET ADDRESS	One Malage Street	
CITY-ST-ZIP	Saint Augustine, FL 32084	
TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RW Anestis	
STREET ADDRESS	One Malage Street	
CITY-ST-ZIP	Saint Augustine, FL 32084	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	G. John Carey	
STREET ADDRESS	10151 Deerwood Park Blvd., Bldg 100	
CITY-ST-ZIP	Jacksonville, FL 32256 Suite 330	
TITLE	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	M. Thompson	
STREET ADDRESS	10151 Deerwood Park Blvd., Bldg 100	
CITY-ST-ZIP	Jacksonville, FL 32256 Suite 330	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Steven A. Stattner	
STREET ADDRESS	2400 North Commerce Pkwy. Ste. 405	
CITY-ST-ZIP	Weston, FL 33326	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)