

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000006459

1. Entity Name

THE ENCLAVE AT PONTE VEDRA BEACH, INC.

**FILED**  
**Aug 24, 2000 8:00 am**  
**Secretary of State**

08-24-2000 90076 030 \*\*\*550.00

Principal Place of Business

1551 BEACH AVENUE SUITE 1  
ATLANTIC BEACH FL 32233

Mailing Address

PO BOX 330440  
ATLANTIC BEACH FL 32233

2. Principal Place of Business

3204 Sawgrass Village Cir.  
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 330440  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Ponte Vedra Beach, FL

City & State

Atlantic Beach, FL

4. FEI Number

59-3395677

Applied For

Not Applicable

Zip

32082

Country

USA

Zip

32233

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

KAHN, PAUL G  
3745 ST. JOHNS INDUSTRIAL PKWY. W.  
JACKSONVILLE FL 32246-7654

7. Name and Address of New Registered Agent

Name

Paul G. Kahn

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

3204 Sawgrass Village Circle

City

Ponte Vedra Beach

FL

Zip Code

32082

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

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 type="checkbox"/> Delete
NAME	KAHN, PAUL G	
STREET ADDRESS	3745 ST. JOHNS INDUSTRIAL PKWY. W.	
CITY-ST-ZIP	JACKSONVILLE FL 32246-7654	
TITLE	ST	<input type="checkbox"/> Delete
NAME	FRECHETTE, ROBERT M	
STREET ADDRESS	3745 ST. JOHNS INDUSTRIAL PKWY. W.	
CITY-ST-ZIP	JACKSONVILLE FL 32246-7654	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 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:

**ST. PAUL G. KAHN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-21-00  
Date

904-573-3770  
Daytime Phone #

CR2E034 (5/00)