

: 2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2001 8:00 am
Secretary of State

0540863

DOCUMENT # F99000001619

1. Entity Name:
ST. JOHN'S FORUM, INC.

06-02-2001 90004 005 ***550.00

Principal Place of Business 9577 GULFSHORE DR. UNIT 804 SEA CHASE CONDOMINIUM NAPLES FL 34108-4029	Mailing Address 9577 GULFSHORE DR. UNIT 804 SEA CHASE CONDOMINIUM NAPLES FL 34108-4029
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 37-1234919	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

**RUPPMAN, CHARLES T
 9577 GULFSHORE DR.
 UNIT 804 SEA CHASE CONDOMINIUM
 NAPLES FL 34108-4029**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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. (NOT 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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	RUPPMAN, LENA M	
STREET ADDRESS	512 HIDDEN LN.	
CITY-ST-ZIP	PEORIA IL 61614	
TITLE	ST	<input type="checkbox"/> Delete
NAME	RUPPMAN, CHARLES T	
STREET ADDRESS	9577 GULFSHORE DR., UNIT 804 SEA CHASE	
CITY-ST-ZIP	NAPLES FL 34108-4029	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 the 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: Lena M. Ruppman **LENA M. RUPPMAN** 5-30-01 709.622-0722
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)