

FILED  
Apr 28, 2003 8:00 am  
Secretary of State

04-28-2003 91462 037 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # G07986

1. Entity Name  
ST. JOHNS HARBOUR, INC.



Principal Place of Business  
3797 NEW GETWELL RD  
MEMPHIS, TN 38118 US

Mailing Address  
3797 NEW GETWELL RD  
MEMPHIS, TN 38118 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **62-1382541**  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

PAPPAS, LYNN  
200 W. FORSYTH ST  
SUNTRUST BLDG, SUITE 1400  
JACKSONVILLE, FL 32202-4327

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME HAGERMAN, WILLIAM  
STREET ADDRESS 3797 NEW GETWELL RD  
CITY-STATE-ZIP MEMPHIS, TN 38118

TITLE DV ☐ Delete  
NAME FISHER, RICHARD L  
STREET ADDRESS 3797 NEW GETWELL RD  
CITY-STATE-ZIP MEMPHIS, TN 38118

TITLE DVT ☐ Delete  
NAME WEATHERSBY, H J  
STREET ADDRESS 3797 NEW GETWELL RD  
CITY-STATE-ZIP MEMPHIS, TN 38118

TITLE S ☐ Delete  
NAME STUBBLEFIELD, WILLIAM H  
STREET ADDRESS 3797 NEW GETWELL RD  
CITY-STATE-ZIP MEMPHIS, TN 38118

TITLE V ☒ Delete  
NAME DAVIDSON, JAMES E JR  
STREET ADDRESS 101 EAST TOWN PLACE, SUITE 200  
CITY-STATE-ZIP ST AUGUSTINE, FL 32092

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

12. 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 10 or Block 11 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

William H. Stubblefield

4/22/03

Date

(901) 369-1500

Daytime Phone #

CR2E034 (10/02)