

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H12977

1. Entity Name

ST. JOHNS VALLEY CORPORATION

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90044 037 ***158.75

Principal Place of Business

421 N WOODLAND BLVD
8278
DELAND FL 32720-3756
US

Mailing Address

421 N WOODLAND BLVD
8278
DELAND FL 32720-3756
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2428165

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

XXX

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STRYKER, J P
421 N WOODLAND BLVD
UNIT 8278
DELAND FL 32720

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. 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, 2000 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 PD
NAME DOUGLAS, LEE H
STREET ADDRESS 418 N WOODLAND BLVD.
CITY-ST-ZIP DELAND FL ☐ Delete

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

TITLE D
NAME BROWN, J. HYATT
STREET ADDRESS 213 RIVERSIDE DRIVE
CITY-ST-ZIP ORMOND BEACH FL ☐ Delete

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

TITLE DS
NAME RENFROE, LOWELL E.
STREET ADDRESS 230 NORTH WOODLAND BLVD.
CITY-ST-ZIP DELAND FL ☐ Delete

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

TITLE DT
NAME STRYKER, J
STREET ADDRESS 421 N WOODLAND BLVD, UNIT 8278
CITY-ST-ZIP DELAND FL 32720 ☐ Delete

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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: **SIGNATURE REQUIRED**

January 18, 2000 (904) 822-7015

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Judson P. Stryker, Director/Treasurer

Date

Daytime Phone #

CFE034 (9/99)