

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # H12977**

Entity Name

ST. JOHNS VALLEY CORPORATION**FILED****Mar 12, 2001 8:00 am**
Secretary of State

03-12-2001 90474 009 ***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

Zip

Country

Zip

Country

4. FEI Number**59-2428165**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **XXXX \$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, 2001 Fee will be \$550.00
Make Check Payable to Department of State****10. Election Campaign Financing** ☐ **\$5.00 May Be
Trust Fund Contribution. Added to Fees****11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **DOUGLAS, LEE H**
CITY-ST-ZIP **418 N WOODLAND BLVD.
DELAND FL**TITLE ☐ Change ☒ Addition
NAME **DS**
STREET ADDRESS **Beasley, James R.**
CITY-ST-ZIP **421 North Woodland Boulevard, Unit 8357
DeLand, Florida 32720-3756**TITLE ☐ Delete
NAME **D**
STREET ADDRESS **BROWN, J. HYATT**
CITY-ST-ZIP **213 RIVERSIDE DRIVE
ORMOND BEACH FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☒ Delete
NAME **DS**
STREET ADDRESS **RENFROE, LOWELL E.**
CITY-ST-ZIP **230 NORTH WOODLAND BLVD.
DELAND FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **DT**
STREET ADDRESS **STRYKER, J**
CITY-ST-ZIP **421 N WOODLAND BLVD, UNIT 8278
DELAND FL 32720**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
H. Douglas Lee

March 7, 2001

(904) 822-7250

Date

Daytime Phone #

CR2E034 (10/00)