

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H50251

1. Entity Name
PELICAN OF ST. JOHNS COUNTY, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90135 041 ***150.00

Principal Place of Business Mailing Address
308 S. PONCE DE LEON BLVD. 308 S. PONCE DE LEON BLVD.
ST. AUGUSTINE FL 32084 ST. AUGUSTINE FL 32084-4218
US 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 59-2523292

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

PATRICIA A EATON
308 S. PONCE DE LEON BLVD
ST. AUGUSTINE FL 32308

Name ROSWELL W. EATON JR.

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

308 S. PONCE DE LEON BLVD.

City ST. AUGUSTINE FL Zip Code 32084

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]*
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 DT ☐ Delete
NAME PATRICIA A. EATON
STREET ADDRESS 308 S. PONCE DE LEON BLVD
CITY-ST-ZIP ST AUGUSTINE FL

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

TITLE DS ☐ Delete
NAME EATON, ROSWELL W. S
STREET ADDRESS 308 S. PONCE DE LEON BLVD.
CITY-ST-ZIP ST AUGUSTINE FL

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

TITLE DV ☐ Delete
NAME EATON, SHAWN T.
STREET ADDRESS 308 S. PONCE DE LEON BLVD.
CITY-ST-ZIP ST AUGUSTINE FL

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

TITLE DP ☐ Delete
NAME EATON, ROSWELL W., JR.
STREET ADDRESS 308 S. PONCE DE LEON BLVD.
CITY-ST-ZIP ST AUGUSTINE FL

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ 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)(l), 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] RETIRED P.A. EATON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-00
Date

904-824-7775
Daytime Phone #

CR2E034 (9/99)