

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J15699

1. Entity Name

ISLE OF ST. JOHNS, INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90050 048 ***150.00

Principal Place of Business

% ROBERT A. KOGER
1050 LUGO AVE.
CORAL GABLES FL 33156
US

Mailing Address

% ROBERT A. KOGER
1050 LUGO AVE.
CORAL GABLES FL 33156-6325
US

2. Principal Place of Business

14631 SW 87 PL

3. Mailing Address

14631 SW 87 PL

Suite, Apt. #, etc.

None

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

4. FEI Number

59-2674118

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

KOGER, ROBERT A.

1050 LUGO AVE.

CORAL GABLES FL 33156

Name

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

14631 SW 87 PL

City MIAMI

FL

Zip Code 33176-8022

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 DP
NAME KOGER, ROBERT A.
STREET ADDRESS 1050 LUGO AVE.
CITY-ST-ZIP CORAL GABLES FL ☐ Delete

TITLE ☒ Change ☐ Addition
NAME 14631 SW 87 PL
STREET ADDRESS MIAMI FL 33176-8022
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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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)(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

3/29/2000 308-666-1103
Date Daytime Phone #

CR2E034 (9/99)