

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J19992

1. Entity Name

CEDARS DEVELOPMENT OF ST. AUGUSTINE BEACH, INC.

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

02-11-2000 90026 008 ***150.00

Principal Place of Business

Mailing Address

1960 SOUTH U.S. #1
SUITE 100
ST. AUGUSTINE FL 32086
US

2752 W. HANNON HILL DR
TALLAHASSEE FL 32308-8917
US

00018013



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2752 W. Hannon Hill Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tallahassee, FL

Zip
32308

Country

Zip

Country

4. FEI Number 59-2879564

Applied For

Not Applied

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

LESTER, JOHN A.
2752 W. HANNON HILL DR
TALLAHASSEE FL 32308

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 LESTER, JOHN A.
STREET ADDRESS 2104 WOOD STORK AVE
CITY-ST-ZIP ST. AUGUSTINE FL ☐ Delete

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

TITLE ST
NAME LESTER, JOHN A.
STREET ADDRESS 1609 BAY HAWK LANE
CITY-ST-ZIP ST. AUGUSTINE FL 32086 ☐ Delete

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

TITLE D
NAME LESTER, JAMES H
STREET ADDRESS 1411 E. CAMINO DEL RIO
CITY-ST-ZIP VERO BEACH FL 32962 ☐ Delete

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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NAME ☐ Change ☐ Addition
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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:

John A. Lester
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

27.00

850-894-2116

Date

Daytime Phone #