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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				
ce of Business	Mailing Address			•				
.(s. #1 E FL 32086	2752 W. HANNON HILL DR TALLAHASSEE FL 32308-8917 US		00018013					
Place of Business M. Hannon Hill Dv	3. Mailing Address							
#, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE					
ghasser, FL	City & State			4. FEI Nun	^{nber} 59-287956	4	Applied For Not Applie	
OB - Country	Zip			5. Certifica	ate of Status Desired		\$8.75 Additional Fee Required	
6. Name and Address of Current	Registered Agent			7. Name a	nd Address of New I	Registered A	lgent	
TER, JOHN A. 2 W. HANNON HILL DR LAHASSEE FL 32308				s (P.O. Box Number is Not Acceptable)				
- x		City	4			FL	Zip Cod	 e
e named entity submits this statement fo	r the purpose of changing its r	registered offi	ce or registere	ed agent, or i	both, in the State of Fl	orida.		
Signature, typed or printed name of registered agent a	and title it applicable (NOTE:	: Registered Agent	signature required	when reinstating)		DATE		
oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	After MAY 1, 200	0 Fee will b	e \$550.00					O May Be to Fees
OFFICERS AND	 _				IS/CHANGES TO OF	FICERS AND	DIRECTORS	S IN 11
PD LESTER, JOHN A. 2104 WOOD STORK AVE	☐ Delete	TITLE NAME STREET ADDR			07017411 0 20 10 0.11	.02.107.1110	☐ Change	Addition
ST LESTER, JOHN A. 1609 BAY HAWK LANE	☐ Delete		1				Change	Addition
D LESTER, JAMES H 1411 E. CAMINO DEL RIO VERO BEACH FL 32962	Delete		· · ·	~		·	Change	Addition
	☐ Delete						☐ Change	Addition
	☐ Oelete						☐ Change	Addition
	☐ Delete	TITLE NAME STREET ADOR	l l				☐ Change	Addition
	Place of Business W. Harmon Hill Dr. #, etc. Te Ghasser, FL Country 6. Name and Address of Current TER, JOHN A. W. HANNON HILL DR AHASSEE FL 32308 Paramed entity submits this statement for containing eligible to satisfy its Intangible requirement and elects to do so. ria on back) OFFICERS AND PD LESTER, JOHN A. 2104 WOOD STORK AVE ST. AUGUSTINE FL ST LESTER, JOHN A. 1609 BAY HAWK LANE ST. AUGUSTINE FL	# etc. Suite, Apt. #, etc. Suite, Apt. #	S. #1 2752 W. HANNON HILL DR TALLAHASSEE FL 32308-8917 US 3. Mailing Address W. HANNON HILL DR TALLAHASSEE FL 32308-8917 US 3. Mailing Address W. HANNON HILL DR TER, JOHN A. Str. Suite, Apt. #, etc. City & State Country End Country Zip Country AND Country End Country End Country City 6. Name and Address of Current Registered Agent Na TER, JOHN A. Str. Signature, typed or printed name of registered agent and time 8 applicable Production is eligible to satisfy its intangible requirement and elects to do so. If a on back) Defences AND DIRECTORS PD LESTER, JOHN A. 2104 WOOD STORK AVE ST. AUGUSTINE FL ST. AUGUSTINE FL ST. AUGUSTINE FL ST. AUGUSTINE FL STREET ADDRESS D LESTER, JAMES H 1411 E. CAMINO DEL RIO VERO BEACH FL 32962 Delete TITLE NAME STREET ADDRESS TREET ADDRESS Delete TITLE NAME STREET ADDRESS STREET ADDRESS TITLE NAME STREET ADDRESS TITLE NAME STREET ADDRESS TITLE NAME STREET ADDRESS TITLE NAME STREET ADDRESS STREET ADDRESS TITLE NAME STREET ADDRESS TITLE NAME STREET ADDRESS TITLE NAME STREET ADDRESS STREET ADDRESS TITLE NAME STREET ADDRESS TITLE NAME STREET ADDRESS STREET ADDRESS TITLE NAME STREET ADDRESS TITLE NAME STREET ADDRESS STREET ADDRESS TITLE NAME STREET ADDRESS STREET ADDRESS TITLE NAME STREET ADDRESS STREET ADDRESS TO	2752 W. HANNON HILL DR TALLAHASSEE FL 32308-8917 US 3. Mailing Address W. HANNON HILL DY. 4. etc. Clay & State Clay & State Country Clay & State Country Clay & State Clay Clay	TALLAHASSEE FL 32306-8917 EFL 32066 EFL 32066 Suite Apt. #, etc. City & State City City & State City City City City Sured Address of Current Registered Agent Name FER, JOHN A. W. HANNON HILL DR AHASSEE FL 32308 City Inamed entity submits this statement for the purpose of changing its registered office or registered agent, or it is supplied to satisfy its intangible requirement and elects to do so. If a city of the entity submits this statement for the purpose of changing its registered Agent agreeurs required when refreshed agent are of the 1 acroicable. Signature, typed or prince have of requirement for the purpose of changing its registered Agent agreeurs required agent, or it is displayed to purpose agreeurs required agent. The Now III FEE IS \$150.00 Make Check Payable to Department of State PD LESTER, JOHN A. 2104 WOOD STORK AVE ST. AUGUSTINE FL ST. AUGUSTINE FL ST. AUGUSTINE FL SOBS CITY-ST-2P CITY-ST-	Mailing Address 7. #1 2752 W. HANNON HILL DR TALLHASSEE FL 32008 9917 US 120 W. HANNON HILL DR TALLHASSEE FL 32008 9917 US 120 Country 13. Mailing Address W. Hannon Hill Dr 14, etc. Color V. Hannon Hill Dr 25 Country 15. Certificate of Slatus Desired 16. Name and Address of Current Registered Agent To Name and Address of New 1 16. Name and Address of Current Registered Agent 17. Name and Address of New 1 16. Name and Address of New 1 17. Name and Address of New 1 18. W. HANNON HILL DR 18	Melling Address (S. #1 275 W. HANNON HILL DR TALLAHASSEE FL 32008 997 W. Hannon Hill Dy; 4. dec. Suite, Apt. #, etc. City & State Churty City & State Churty City & State City & FL City & State City & FL City	Mailing Address S. VI 2752 W. NANKON HILL OR TRALAMSSEE FL 32096 8917 E FL 32096 S. VI 2752 W. NANKON HILL OR TRALAMSSEE FL 32006 8917 W. HANDON HILL DY. Suite. Apt. #. etc. DO NOT WRITE IN THIS SPACE Chy & Sture 4. FEI Number 59-2879564 A FEI Number 59-2879564

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 TYPES ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.7.00

850.894.2116

Daytime Phone #