

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90020 010 ****50.00

DOCUMENT # L00000002446

1. Entity Name

SAINT JOHNS PLACE, LLC

Principal Place of Business

**C/O FRED S. RIDLEY
 100 N. TAMPA ST., SUITE 2700
 TAMPA FL 33602**

Mailing Address

**C/O FRED S. RIDLEY
 100 N. TAMPA ST., SUITE 2700
 TAMPA FL 33602**

2. Principal Place of Business

**c/o Fred S. Ridley
 Suite, Apt. #, etc.
 100 N. Tampa St., #2700
 City & State
 Tampa, FL**

3. Mailing Address

**c/o Fred S. Ridley
 Suite, Apt. #, etc.
 P.O. Box 33918
 City & State
 Tampa, FL**

Zip
33602

Country
USA

Zip
33601

Country
USA

4. FEI Number **59-3689045**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**RIDLEY, FRED S
 100 N. TAMPA ST.
 TAMPA FL 33602**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
100 N. Tampa St., Suite 2700
 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

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGR
 ANNIS, MICHAEL D
 100 N. TAMPA ST., SUITE 2700
 TAMPA FL 33602** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGR
 RIDLEY, FRED S
 100 N. TAMPA ST., SUITE 2700
 TAMPA FL 33602** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGR
 EDWARDS, JOSEPH D
 201 N FRANKLIN ST., SUITE 2200
 TAMPA FL 33602** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Fred S. Ridley, Manager

813/229-2300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)