

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY 31 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000000238

1. Entity Name

ST. JOHN'S ASSOCIATES, L.L.C.

Principal Place of Business

C/O I.M. MANAGEMENT
5769 SOUTH UNIVERSITY DRIVE
DAVIE FL 33328

Mailing Address

C/O I.M. MANAGEMENT
5769 SOUTH UNIVERSITY DRIVE
DAVIE FL 33328-6114

C/O: FEIT MANAGEMENT CO.



2. Principal Place of Business

2174 SHARP COURT

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

FE

City & State

FERN PARK FLORIDA

City & State

Zip

32730

Country

USA

Zip

Country

4. FEI Number

65-0889189

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROBERTS, NORMAN T ESO
50 WEST MASHTA DRIVE, SUITE #2
KEY BISCAVNE FL 33149

7. Name and Address of New Registered Agent

Name

FEIT MANAGEMENT COMPANY

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

5769 S. UNIVERSITY DRIVE

City

DAVIE

FL

Zip Code

33328

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

FEIT MANAGEMENT COMPANY *Robert ESO* 4-14-2000

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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM
STREET ADDRESS FEIT MANAGEMENT COMPANY
CITY-ST-ZIP 5769 SOUTH UNIVERSITY DRIVE
DAVIE FL 33328 ☐ Delete

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 000003291660--3
CITY-ST-ZIP -06/15/00--01085--013
*****50.00 *****50.00

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

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

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STREET ADDRESS
CITY-ST-ZIP

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

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #