

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000000238**

1. Entity Name
ST. JOHN'S ASSOCIATES, L.L.C.

Principal Place of Business
**2174 SHARP COURT
FERN PARK FL 32730**

Mailing Address
**C/O FEIT MANAGEMENT CO.
5769 SOUTH UNIVERSITY DRIVE
DAVIE FL 33328-6114**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

7. Name and Address of New Registered Agent

**FEIT MANAGEMENT COMPANY
5769 S. UNIVERSITY DRIVE
DAVIE FL 33328**

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 *Israel Feit*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-5-01

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State**

**800004375099--2
-06/07/01--01020--018
*****50.00 *****50.00**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

2/5/01

984-252-5777

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

Date

Daytime Phone #

FILED

ENTERED 7 PM 3:08
JAN 1 2001
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE