

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004818

1. Entity Name

VILLAS OF ST. JOHNS L.L.C.

FILED

00 FEB -4 PM 2:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

ONE TAMPA CITY CENTER, SUITE 2865  
ATTN: DAVID A. ROBY  
TAMPA FL 33602

Mailing Address

ONE TAMPA CITY CENTER, SUITE 2865  
ATTN: DAVID A. ROBY  
TAMPA FL 33602-5816

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

Applied For  
Not Applied

5. Certificate of Status Desired

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

THE NORTHWESTERN MUTUAL LIFE INSURANCE CO  
ONE TAMPA CITY CENTER, SUITE 2865  
ATTN: DAVID A. ROBY  
TAMPA FL 33602

7. Name and Address of New Registered Agent

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

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

9. MANAGING MEMBERS/MEMBERS

TITLE MGRM  
NAME THE NORTHWESTERN MUTUAL LIFE INSURANCE CO  
STREET ADDRESS 720 EAST WISCONSIN AVE.  
CITY-ST-ZIP MILWAUKEE WI 53202

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
100003128451--5  
-02/09/00--01001--022  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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

David A. Roby

1/5/00

813-229-0135

Date

Daytime Phone #