

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006270

1. Entity Name
BEACH-ST. JOHNS BLUFF, LC

FILED

01 APR 23 PM 4:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
4347-10 UNIVERSITY BLVD SOUTH
JACKSONVILLE FL 32216

Mailing Address
4347-10 UNIVERSITY BLVD SOUTH
JACKSONVILLE FL 32216



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1 Sleiman Parkway

3. Mailing Address
1 Sleiman Parkway

Suite, Apt. #, etc.
Suite 270

Suite, Apt. #, etc.
Suite 270

City & State
Jacksonville, Florida

City & State
Jacksonville, Florida

4. FEI Number 59-3604856

Applied For
Not Applicable

Zip Country
32216 U.S.A.

Zip Country
32216 U.S.A.

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

6. Name and Address of Current Registered Agent

SLEIMAN, PETER D
4347-10 UNIVERSITY BLVD SOUTH
JACKSONVILLE FL 32216

7. Name and Address of New Registered Agent

Name
Sleiman, Peter D.
Street Address (P.O. Box Number is Not Acceptable)
1 Sleiman Parkway
Suite 270
City Jacksonville FL Zip Code 32216

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

400004137904--7
-05/07/01--01019--022
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE MGRM ☐ Delete
NAME SLEIMAN, ANTHONY T
STREET ADDRESS 4347-10 UNIVERSITY BLVD SOUTH
CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Change ☐ Addition
NAME Sleiman, Anthony T.
STREET ADDRESS 1 Sleiman Parkway, Suite 270
CITY-ST-ZIP Jacksonville, Florida 32216

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

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Change ☐ Addition
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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Anthony T. Sleiman 4/15/01 904/731-8800

0002730 AF

CR2E083 (11/00)