

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000000873

1. Entity Name  
ST. JOHNS BLUFF LODGING, LLC

Principal Place of Business

~~114 W. 12TH STREET, SUITE D~~

~~TIFTON GA 31794~~

3162 ST JOHN'S BLUFF RD

JACKSONVILLE, FL 32246

Mailing Address

P.O. DRAWER 1905

TIFTON GA 31793-1905

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

58-2374196

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

HOLBROOK, AKEL, COLD, STIEFEL & RAY, P.A.  
ONE INDEPENDENT DRIVE, SUITE 2301  
JACKSONVILLE FL 32202

Name

William D. Bowen

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

3162 ST JOHN'S BLUFF ROAD

City

JACKSONVILLE

FL

Zip Code

32246

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

10. ADDITIONS/CHANGES

TITLE NAME MGRM BOWEN, WILLIAM D ☐ Delete  
STREET ADDRESS 45 EAGLE DR.  
CITY- ST- ZIP TIFTON GA 31794

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 600003219126--8  
CITY- ST- ZIP -04/21/00--01115--004  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME MGRM LA HOOD, GEORGE J JR. ☐ Delete  
STREET ADDRESS RT 1 BOX 425  
CITY- ST- ZIP VALDOSTA GA 31602

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition  
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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

3-30-00

Date

912-382-0040

Daytime Phone #

APPROVED  
AND  
FILED

00 APR -3 PM 12:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

hgy4/18



DO NOT WRITE IN THIS SPACE

CR2E083 (9/99)