

2001 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

Mailing Address
P.O. DRAWER 1905
TIFTON GA 31793

FILED
01 JUN -5 PM 12: 27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3162 ST JOHN'S BLUFF RD
Suite, Apt. #, etc.
City & State
JACKSONVILLE, FL
Zip
32246
Country
USA

3. Mailing Address
2839 Paces Ferry Rd
Suite 1150
City & State
ATLANTA, GA
Zip
30339
Country
USA

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
WILLIAM D. BOWEN
3162 ST. JOHN'S BLUFF ROAD
JACKSONVILLE FL 32246

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

BK

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOWEN, WILLIAM D 45 EAGLE DR. TIFTON GA 31794 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LA HOOD, GEORGE J JR. RT 1 BOX 425 VALDOSTA GA 31602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: William D. Bowen