

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90381 044 \*\*\*\*70.00

**DOCUMENT # N06803**

1. Entity Name

**BOLLES/ST. AUGUSTINE, INC.**

*Bolles / St Augustine, Inc.*



Principal Place of Business

**1533 WILDWOOD DRIVE  
ST. AUGUSTINE FL 32086**

*same*

Mailing Address

**1533 WILDWOOD DRIVE  
ST. AUGUSTINE FL 32086**

2. Principal Place of Business

*1533 Wildwood Dr  
St Aug FL 32086*

3. Mailing Address

*7400 San Jose Blvd*

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

*Vedra Beach FL*

City & State

*Jacksonville FL*

4. FEI Number **59-2503766**

Applied For  
Not Applicable

Zip

*32086*

Country

*USA*

Zip

*32017*

Country

*USA*

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JOHN, TRAINER E JR PHD  
7400 SAN JOSE BLVD  
JACKSONVILLE FL 32217**

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. I am familiar with, and accept the obligations of registered agent.

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 \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD**  
NAME **SCOTT, FREDERICK H**  
STREET ADDRESS **7400 SAN JOSE BLVD**  
CITY-ST-ZIP **JACKSONVILLE FL 32217**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **D**  
NAME **BORG, MR. WILLIAM F**  
STREET ADDRESS **7400 SAN JOSE BLVD.**  
CITY-ST-ZIP **JACKSONVILLE FL 32217**

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE **DT**  
NAME **HARTLEY, RUTH M**  
STREET ADDRESS **7400 SAN JOSE BLVD**  
CITY-ST-ZIP **JACKSONVILLE FL 32217**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **P**  
NAME **JOHN, TRAINER E JR PHD**  
STREET ADDRESS **7400 SAN JOSE BLVD**  
CITY-ST-ZIP **JACKSONVILLE FL 32217**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☒ Addition

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CITY-ST-ZIP

☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

*JOHN, TRAINER E JR PHD*

*1-22-03 904-733-9292*

CR2E037 (10/02)