

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N23977

1. Entity Name

THE INNLET AT PONTE VEDRA BEACH MASTER ASSOCIATI

FILED
Jun 13, 2000 8:00 am
Secretary of State

06-13-2000 90002 008 ****61.25

Principal Place of Business

1118 WEST ADAMS STREET
SUITE 1000
JACKSONVILLE FL 32201
US

Mailing Address

P.O. BOX 1200
JACKSONVILLE FL 32201-1200

2. Principal Place of Business

2180 W SR 434

Suite, Apt. #, etc.

STE 5000

City & State

LONGWOOD FL

Zip

32779

Country

US

3. Mailing Address

2180 W SR 434

Suite, Apt. #, etc.

STE 5000

City & State

LONGWOOD FL

Zip

32779

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3044033**
59-3044033

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FOSTER, SCOTT R
118 WEST ADAMS STREET
SUITE 1000
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

HART, JAMES W JR
CENTRY MANAGEMENT INC
2180 W SR 434 STE 5000
LONGWOOD FL 32779-5044

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 reinstalling)

DATE

2/10/00

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FOSTER, SCOTT 118 WEST ADAMS STREET, SUITE 1000 JACKSONVILLE FL 32202	Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ADDISON, GRAFTON D III 118 WEST ADAMS STREET, SUITE 1000 JACKSONVILLE FL 32202	Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LUCAS, MICHAEL J 118 WEST ADAMS STREET, SUITE 1000 JACKSONVILLE FL 32202	Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: **X SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/00

104 354 1789

CR2E037 (9/99)