

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2001 08:00 AM****Secretary of State****DOCUMENT # N93000000229**1. Entity Name
THE ST. JOHN'S HISTORICAL EVENT CORPORATIONPrincipal Place of Business
11374 WEEDEN ISLAND WAY
JACKSONVILLE FL 32225 US
Mailing Address
11374 WEEDEN ISLAND WAY
JACKSONVILLE FL 32225 US2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3174233
Applied For
Not Applicable5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required**6. Name and Address of Current Registered Agent**BONDI GAIL
11374 WEEDEN ISLAND WAY
JACKSONVILLE FL 32225 US**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 _____ **05/01/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) 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
Department of State****10. OFFICERS AND DIRECTORS**

TITLE	TD	<input type="checkbox"/> Delete
NAME	BONDI GAIL	
STREET ADDRESS	11374 WEEDEN ISLAND WAY	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WADE CYNTHIA	
STREET ADDRESS	1002 BARRS ST	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ERNDEHAZY JR WS	
STREET ADDRESS	11374 WEEDEN ISLAND WAY	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	SNEED DENISE	
STREET ADDRESS	5640 WILTSHIRE ST	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: William S Erndehazy, Jr **VD** **05/01/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/00)