

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003300

1. Entity Name

SAINT JOHNS SOUTHEAST MASTER ASSOCIATION, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90051 001 ****61.25

Principal Place of Business 101 EAST TOWN PLACE SUITE 200 ST. AUGUSTINE FL 32092 US	Mailing Address 101 EAST TOWN PLACE SUITE 200 ST. AUGUSTINE FL 32092-2726 US
---	--

2. Principal Place of Business	3. Mailing Address
--------------------------------	--------------------

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3392620	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAVIDSON, JAMES E
101 EAST TOWN PLACE
SUITE 200
ST. AUGUSTINE FL 32092

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	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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	DAVIDSON, JAMES E JR.	
STREET ADDRESS	101 EAST TOWN PLACE, SUITE 200	
CITY-ST-ZIP	ST. AUGUSTINE FL 32092	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KELLY, VERNON	
STREET ADDRESS	112 TPC BLVD.	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GIL, EDUARDO	
STREET ADDRESS	101 EAST TOWN PLACE, SUITE 200	
CITY-ST-ZIP	ST. AUGUSTINE FL 32092	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DAVIDSON, SHARON P	
STREET ADDRESS	101 EAST TOWN PLACE, SUITE 200	
CITY-ST-ZIP	ST. AUGUSTINE FL 32092	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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
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
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)(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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/02 944.940.5050
Date Daytime Phone #

CR2E037 (9/99)