

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2002 8:00 am
Secretary of State

07-24-2002 90136 026 ****61.25

DOCUMENT # N96000003300

1. Entity Name

SAINT JOHNS SOUTHEAST MASTER ASSOCIATION, INC.

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
 US

2. Principal Place of Business

3. Mailing Address

5455 A.A. South

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

St Augustine, FL

Zip

Country

Zip

32092 St Johns

4. FEI Number

59-3392620

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

MAY MANAGEMENT SERVICES, INC.

Street Address (P.O. Box Number is Not Acceptable)

475 WEST TOWN PLACE

SUITE 116

City

ST. AUGUSTINE

FL

Zip Code

32092

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

After September 13, 2002,
 min. will be \$236.25.

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 DAVIDSON, JAMES E JR. 101 EAST TOWN PLACE, SUITE 200 ST. AUGUSTINE FL 32092	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KELLY, VERNON 112 TPC BLVD. PONTE VEDRA BEACH FL 32082	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GIL, EDUARDO 101 EAST TOWN PLACE, SUITE 200 ST. AUGUSTINE FL 32092	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DAVIDSON, SHARON P 101 EAST TOWN PLACE, SUITE 200 ST. AUGUSTINE FL 32092	<input checked="" 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	PD DAVIDSON, Sherry 101 E. TOWN PLACE, SUITE 200 ST. AUGUSTINE, FL 32092	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PARIANI, RICK 101 E. TOWN PLACE, SUITE 200 ST. AUGUSTINE, FL 32092	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PARIANI, RICK 101 E. TOWN PLACE, SUITE 200 ST. AUGUSTINE, FL 32092	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. RODRIGUEZ, JOHN 7014 A.C. SKINNER PKWY, Suite 290 JACKSONVILLE, FL 32256	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIDSON, Jim 101 E. TOWN PLACE, SUITE 200 ST. AUGUSTINE, FL 32092	<input type="checkbox"/> Change <input checked="" 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:

SIGNATURE REQUIRED

7/26/02 904.540.5052

CR2E037 (4/02)