

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004742

1. Entity Name

ST. JOHNS BLUFF PARK PROPERTY OWNERS ASSOCIATION

Principal Place of Business

11196 ST. JOHNS IND. PKY  
JACKSONVILLE FL 32246  
US

Mailing Address

11330-8 ST. JOHNS IND. PKY  
JACKSONVILLE FL 32246-6673  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2966839

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BRYAN, MEL A.  
11196 ST. JOHNS INDUSTRIAL PARKWAY  
JACKSONVILLE FL 32246

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  
NAME COBB, WILLIAM S.  
STREET ADDRESS 3700 ST. JOHNS INDUSTRIAL PARKWAY W.  
CITY-ST-ZIP JACKSONVILLE FL 32246

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD  
NAME MASSEY, ROBERT B. J  
STREET ADDRESS 2434 ATLANTIC BLVD.  
CITY-ST-ZIP JACKSONVILLE FL 32247

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD  
NAME BRYAN, MEL A.  
STREET ADDRESS 11196 ST. JOHNS INDUSTRIAL PARKWAY S.  
CITY-ST-ZIP JACKSONVILLE FL 32246

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Feb 02, 2000 8:00 am  
Secretary of State

02-02-2000 90127 022 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)