

# 2001 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  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2966839

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name WAYNE R. BROOKS

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

11196 ST. JOHNS INDUSTRIAL PARKWAY

City JACKSONVILLE

FL

Zip Code 32246

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

*Wayne R. Brooks*  
Signature, typed or printed name of registered agent and title if applicable.

WAYNE R. BROOKS

(NOTE: Registered Agent signature required when reinstating)

1/11/01  
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 PD  
NAME COBB, WILLIAM S.  
STREET ADDRESS 3700 ST. JOHNS INDUSTRIAL PARKWAY W.  
CITY-ST-ZIP JACKSONVILLE FL 32246 ☐ Delete

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☒ Change ☐ Addition  
NAME WAYNE R. BROOKS  
STREET ADDRESS 11196 ST. JOHNS INDUSTRIAL PARKWAY S.  
CITY-ST-ZIP JACKSONVILLE, FL. 32246

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

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

TITLE ☐ Change ☐ 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:

*Wayne R. Brooks*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/01 (904) 642-5303  
Date Daytime Phone #

FILED  
Jan 22, 2001 8:00 am  
Secretary of State

01-22-2001 90119 001 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)