

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000563

1. Entity Name

SAINT JOHNS RIVER COMMUNITIES IN PARTNERSHIP, IN

Principal Place of Business

702 NORTH 19TH STREET
SUITE H
PLATKA FL 32177
US

Mailing Address

P.O. BOX 727
PLATKA FL 32178-0727
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

31-1520986

Applied For

Not Applicable

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

RYLES, MEVLYN
702 NORTH NINETEENTH STREET
PLATKA FL 32177

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 D ☒ Delete
NAME MURRAY, HELEN S.
STREET ADDRESS 111 MURRAY ROAD WEST
CITY-ST-ZIP POMONA PARK FL 32181

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

TITLE D ☒ Delete
NAME FRAZIER, BEVERLY
STREET ADDRESS 2199 ASTER STREET, UNIT 305
CITY-ST-ZIP ORANGE PARK FL 32073

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

TITLE D ☐ Delete
NAME CUNNINGHAM, ERNESTINE
STREET ADDRESS ROUTE 3, BOX 161
CITY-ST-ZIP INTERLACHEN FL 32148

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

TITLE D ☐ Delete
NAME CHAPPEL, ELSIE
STREET ADDRESS 80 RAILROAD STREET
CITY-ST-ZIP ESPANOLA FL 32210

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

TITLE D ☒ Delete
NAME BROOKS, ROBERT
STREET ADDRESS 103 POINT PLEASANT DRIVE
CITY-ST-ZIP PALM COAST FL 32137

TITLE Parliamentarian ☐ Change ☒ Addition
NAME Louis Gainers
STREET ADDRESS 630 Allen Lane
CITY-ST-ZIP Orange Park, Florida 32073

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Vice Chairperson ☐ Change ☒ Addition
NAME Maggie Ashley
STREET ADDRESS Route 6 Box 1120
CITY-ST-ZIP Palatka, Florida 32177

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: MEVLYN RYLES MEVLYN RYLES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 24, 2000 (904)325-4930

Date

Daytime Phone #

CR2E037 (9/99)