

# 2001 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

1400 Reid Street

3. Mailing Address

Post Office Box 727

Suite, Apt. #, etc.  
Room #11

Suite, Apt. #, etc.

City & State

Palatka, Florida

City & State

Palatka, Florida

Zip  
32177

Country

United States

Zip

32178-0727

Country

United States

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

RYLES, MEVLYN

702 NORTH NINETEENTH STREET  
PLATKA FL 32177

7. Name and Address of New Registered Agent

Name

Mevlyn Ryles

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

1400 Reid Street

City

Palatka

FL

Zip Code  
32177

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  
After September 12, 2001, 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 D  
NAME MURRAY, HELEN S.  
STREET ADDRESS 111 MURRAY ROAD WEST  
CITY-ST-ZIP POMONA PARK FL 32181 ☐ Delete

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

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

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

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

TITLE VC  
NAME ASHLEY, MAGGIE  
STREET ADDRESS RTE 6 BOX 1120  
CITY-ST-ZIP PALATKA FL 32177 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME 000004512550--7  
STREET ADDRESS -08/02/01--01038--001  
CITY-ST-ZIP \*\*\*\*\*70.00 \*\*\*\*\*70.00

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

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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:

*Mevlyn Ryles* (Mevlyn Ryles)

July 11, 2001 (386) 326-2865

APPROVED  
AND  
FILED

01 JUL 24 AM 8:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)