

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90215 021 \*\*\*\*61.25

**DOCUMENT # N97000000563**

1. Entity Name

**SAINT JOHNS RIVER COMMUNITIES IN PARTNERSHIP, IN C.**

Principal Place of Business

Mailing Address

**1400 REID STREET  
 ROOM #11  
 PALATKA FL 32177  
 US**

**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  
 1400 REID STREET  
 ROOM #11  
 PALATKA 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  
 NAME

STREET ADDRESS  
 CITY-ST-ZIP

**D. MURRAY, HELEN S.  
 111 MURRAY ROAD WEST  
 POMONA PARK FL 32181**

☒ Delete

TITLE  
 NAME

STREET ADDRESS  
 CITY-ST-ZIP

**C. FRAZIER, BEVERLY  
 2199 ASTER STREET, UNIT 305  
 ORANGE PARK FL 32073**

☐ Delete

TITLE  
 NAME

STREET ADDRESS  
 CITY-ST-ZIP

**D. CUNNINGHAM, ERNESTINE  
 ROUTE 3, BOX 161  
 INTERLACHEN FL 32148**

☐ Delete

TITLE  
 NAME

STREET ADDRESS  
 CITY-ST-ZIP

**D. CHAPPEL, ELSIE  
 80 RAILROAD STREET  
 ESPANOLA FL 32210**

☐ Delete

TITLE  
 NAME

STREET ADDRESS  
 CITY-ST-ZIP

**D. BROOKS, ROBERT  
 103 POINT PLEASANT DRIVE  
 PALM COAST FL 32137**

☐ Delete

TITLE  
 NAME

STREET ADDRESS  
 CITY-ST-ZIP

**VC. ASHLEY, MAGGIE  
 RTE 6 BOX 1120  
 PALATKA FL 32177**

☐ Delete

TITLE  
 NAME

STREET ADDRESS  
 CITY-ST-ZIP

**CHIEF EXECUTIVE OFFICER  
 MEVLYN RYLES  
 1400 REID STREET  
 PALATKA FLORIDA 32177**

☐ Change

☒ Addition

TITLE  
 NAME

STREET ADDRESS  
 CITY-ST-ZIP

☐ Change

☐ Addition

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STREET ADDRESS  
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TITLE  
 NAME

STREET ADDRESS  
 CITY-ST-ZIP

☐ Change

☐ 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**  
**MEVLYN RYLES**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-02

Date

(386) 326-2865

Daytime Phone #

CR2E037 (9/01)