

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001962

1. Entity Name

FORT JEFFERSON PRESERVATION TRUST, INC.

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90030 015 ****61.25

Principal Place of Business Mailing Address
C/O KATHLEEN H WATKINS ESQUIRE C/O KATHLEEN H WATKINS ESQUIRE
16881 SW 266 TERRACE 16881 SW 266 TERRACE
HOMESTEAD FL 33031 HOMESTEAD FL 33031-2314

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 65-0754443 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required.

6. Name and Address of Current Registered Agent

WATKINS, KATHLEEN H
16881 SW 266 TERRACE
HOMESTEAD FL 33031

7. Name and Address of New Registered Agent

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

TITLE PD ☐ Delete
NAME WATKINS, MICHAEL E
STREET ADDRESS 16881 SW 266 TERRACE
CITY-ST-ZIP HOMESTEAD FL 33031

TITLE STD ☐ Delete
NAME SINGLETARY, CAULION
STREET ADDRESS 15840 SW 283 STREET
CITY-ST-ZIP HOMESTEAD FL 33033

TITLE VD ☐ Delete
NAME JONES, THOMAS R
STREET ADDRESS 17950 SW 285 STREET
CITY-ST-ZIP HOMESTEAD FL 33030

TITLE D ☐ Delete
NAME MUNZ, CHARLES
STREET ADDRESS 23600 SW 162 AVE
CITY-ST-ZIP HOMESTEAD FL 33031

TITLE D ☐ Delete
NAME MULLINS, RICHARD
STREET ADDRESS 31155 SW 197 AVE
CITY-ST-ZIP HOMESTEAD FL 33030

TITLE D ☐ Delete
NAME DEMILLY, J W
STREET ADDRESS 2540 FAIRWAYS DR
CITY-ST-ZIP HOMESTEAD FL 33035

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

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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:

SIGNATURE REQUIRED

Michael E. Watkins 1/14/00 (315) 248-357

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #