

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006127

1. Entity Name

ST. JOHNS LANDING COMMUNITY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

ONE URBAN CENTRE, STE. 740
4830 W. KENNEDY BLVD.
TAMPA FL 33609

ONE URBAN CENTRE, STE. 740
4830 W. KENNEDY BLVD.
TAMPA FL 33609

2. Principal Place of Business

4890 W. Kennedy Boulevard

3. Mailing Address

4890 W. Kennedy Boulevard

Suite, Apt. #, etc.

Suite #850

Suite, Apt. #, etc.

Suite #850

City & State

Tampa, Florida

City & State

Tampa, Florida

Zip

33609-1863

Country

USA

Zip

33609-1863

Country

USA

4. FEI Number

59-3491489

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RICHLAND MANAGEMENT, INC.
ONE URBAN CENTRE, STE. 740
4830 W. KENNEDY BLVD.
TAMPA FL 33609

7. Name and Address of New Registered Agent

Name

Samuel K. Ross

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

4890 W. Kennedy Boulevard

Suite #850

City

Tampa

FL

Zip Code

33609-1863

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.

Samuel K. Ross

(NOTE: Registered Agent signature required when reinstating)

4-26-2001

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 D ☐ Delete
NAME WILKINSON, J. CURT
STREET ADDRESS 1 URBAN CENTRE, STE. 740, 4830 W. KENNEDY BLVD
CITY-ST-ZIP TAMPA FL 33609

TITLE D ☐ Delete
NAME ROSS, SAMUEL K
STREET ADDRESS 1 URBAN CENTRE, STE. 740, 4830 W. KENNEDY BLVD
CITY-ST-ZIP TAMPA FL 33609

TITLE D ☐ Delete
NAME WEST, DALE
STREET ADDRESS 1 URBAN CENTRE, STE. 740, 4830 W. KENNEDY BLVD
CITY-ST-ZIP TAMPA FL 33609

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 D/P ☒ Change ☐ Addition
NAME
STREET ADDRESS 4890 W. Kennedy Blvd., #850
CITY-ST-ZIP Tampa, Florida 33609-1863

TITLE D/V/S ☒ Change ☐ Addition
NAME
STREET ADDRESS 4890 W. Kennedy Blvd., #850
CITY-ST-ZIP Tampa, Florida 33609-1863

TITLE D/T ☒ Change ☐ Addition
NAME
STREET ADDRESS 4890 W. Kennedy Blvd., #850
CITY-ST-ZIP Tampa, Florida 33609-1863

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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Samuel K. Ross

4-26-2001

Date

813-286-4140

Daytime Phone #

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90998 047 ****70.00

C0059491



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)