

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000002696

1. Entity Name

STEVENS PLACE OWNERS ASSOCIATION, INC.

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90396 030 \*\*\*\*61.25

Principal Place of Business

P.O. BOX 87  
 CRESCENT CITY FL 32112

Mailing Address

P.O. BOX 87  
 CRESCENT CITY FL 32112-0087



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3593850**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WOOD, MARSHALL E ESQ.  
 303 CENTRE STREET  
 SUITE 100  
 FERNANDINA BEACH FL 32034

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	PTD	<input type="checkbox"/> Delete
NAME	STEVENS, JAMES S. JR.	
STREET ADDRESS	733 HARTS ROAD EAST	
CITY-ST-ZIP	YULEE FL 32097	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GOODWIN, JANA E	
STREET ADDRESS	216A ST. JOHNS AVENUE	
CITY-ST-ZIP	PALATKA FL 32178-1863	
TITLE	SD	<input type="checkbox"/> Delete
NAME	STEVENS, ROBERT C	
STREET ADDRESS	729 PARISH STREET	
CITY-ST-ZIP	UHRICHSVILLE OH 44683	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *JANA E. IRBY GOODWIN*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-2000 904/698-1522  
 Date Daytime Phone #

CR2E037 (9/99)