

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005094

1. Entity Name

PNJ TRUST FUND, INC.

Principal Place of Business

3333 CARMEL RD.  
ST. AUGUSTINE FL 32086

Mailing Address

P.O. BOX 860087  
SAINT AUGUSTINE FL 32086

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

LEON, LISA M

505 US 1 SOUTH, SUITE 101  
ST. AUGUSTINE FL 32086

4. FEI Number

59-7153759

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

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 D ☐ Delete  
NAME JOHNSON, ROBERT C  
STREET ADDRESS 3333 CARMEL ROAD  
CITY-ST-ZIP SAINT AUGUSTINE FL 32086-6403

TITLE D ☐ Delete  
NAME HEINRICH, SHARON  
STREET ADDRESS 10696 QUAIL RIDGE  
CITY-ST-ZIP SAINT AUGUSTINE FL 32095

TITLE D ☐ Delete  
NAME ROBINSON, ROY  
STREET ADDRESS 127 JUPITER STREET  
CITY-ST-ZIP SAINT AUGUSTINE FL 32086

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 ☐ 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

TITLE ☐ Change ☐ Addition  
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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:

Robert C. Johnson April 30, 2001 904-797-1700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
May 18, 2001 8:00 am  
Secretary of State

05-18-2001 91560 031 \*\*\*\*61.25

767370



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)