

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003900

1. Entity Name

NAMI ST. JOHNS INC.

FILED
Sep 05, 2000 8:00 am
Secretary of State

09-05-2000 90027 040 ****70.00

Principal Place of Business

22 COMARES AVE., #98
 ST. AUGUSTINE FL 32084

Mailing Address

22 COMARES AVE., #98
 ST. AUGUSTINE FL 32084

2. Principal Place of Business

129 MARSH ISLAND CIRCLE

Suite, Apt. #, etc.

3. Mailing Address

129 MARSH ISLAND CIRCLE

Suite, Apt. #, etc.

City & State

ST. AUGUSTINE, FL

City & State

ST. AUGUSTINE, FL

4. FEI Number

31-1620719

Applied For

Not Applicable

Zip

32095

Country

ST. JOHNS

Zip

32095

Country

ST. JOHNS

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRANDON, KATHARINE C
 22 COMARES AVE., #98
 ST. AUGUSTINE FL 32084

7. Name and Address of New Registered Agent

Name

PATTIE C. HUNT

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

129 MARSH ISLAND CIRCLE

City

ST. AUGUSTINE

FL

Zip Code

3295

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

Pattie C. Hunt PATTIE C. HUNT PRESIDENT

AUG 28 2000

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

After September 13, 2000 min. will be \$236.25

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	PRESIDENT	<input type="checkbox"/> Delete
NAME	PATTIE C. HUNT	
STREET ADDRESS	129 MARSH ISLAND CIRCLE	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32095	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	MECHELLE KALMAN	
STREET ADDRESS	6302 SALADO RD.	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32084	
TITLE	TREASURER	<input type="checkbox"/> Delete
NAME	CHARLES HOBBS	
STREET ADDRESS	2961 ESTATES ST	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32084	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
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:

Charles Hobbs CHARLES HOBBS

TREASURER 8-28-00

904
 824-5905

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)