

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003900

1. Entity Name

NAMI ST. JOHNS INC.

Principal Place of Business

22 COMARES AVE., #9B
ST. AUGUSTINE FL 32084

Mailing Address

22 COMARES AVE., #9B
ST. AUGUSTINE FL 32084

2. Principal Place of Business

1955 U.S. 1 South

3. Mailing Address

PO Box 860294

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. AUGUSTINE

City & State

ST. AUGUSTINE

4. FEI Number

31-1620719

Applied For

Not Applicable

Zip

32086

Country

ST. JOHN

Zip

32086

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., #9B
ST. AUGUSTINE FL 32084

7. Name and Address of New Registered Agent

Name

CHARLES R. HOBBS

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

2961 ESTATES ST

City

ST. AUGUSTINE

FL

Zip Code

32084

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

Charles R Hobbs

CHARLES R HOBBS

TREASURER 1-10-2001

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
NAME HUNT, PATTIE
STREET ADDRESS 129 MARSH ISLAND CIR.
CITY-ST-ZIP SAINT AUGUSTINE FL 32095 ☐ Delete

TITLE VPD
NAME KALMAN, MECHELLE
STREET ADDRESS 6302 SALADO RD
CITY-ST-ZIP SAINT-AUGUSTINE FL 32084 ☐ Delete

TITLE TD
NAME HOBBS, CHARLES
STREET ADDRESS 2961 ESTATES STREET
CITY-ST-ZIP SAINT AUGUSTINE FL 32084 ☐ Delete

TITLE *B*
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE SANN K. JAFFE ☐ Change ☒ Addition
NAME
STREET ADDRESS 206 C ST
CITY-ST-ZIP ST. AUGUSTINE FL 32080-6824

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 R Hobbs
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904
829-1035

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90128 023 ****61.25

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DO NOT WRITE IN THIS SPACE

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