

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003900

1. Entity Name

NAMI ST. JOHNS INC.

Principal Place of Business

1955 US 1 SOUTH
SAINT AUGUSTINE FL 32086

Mailing Address

PO BOX 860294
SAINT AUGUSTINE FL 32086

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

HOBBS, CHARLES
2961 ESTATES ST
ST. AUGUSTINE FL 32084

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

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

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

TITLE S
NAME JAFFE, ANN ☐ Delete
STREET ADDRESS 206 C ST
CITY-ST-ZIP SAINT AUGUSTINE FL 32084-6824

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 PD KALMAN, MECHELLE ☒ Change ☐ Addition
NAME 6302 SALADO RD
STREET ADDRESS ST. AUGUSTINE, FL 32080
CITY-ST-ZIP

TITLE VPD HUNT, PATTIE ☒ Change ☐ Addition
NAME 129 MARSH ISLAND CIR
STREET ADDRESS ST. AUGUSTINE, FL 32095
CITY-ST-ZIP

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
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

CHARLES HOBBS 1-15-2001 904-824-5905

Date

Daytime Phone #

FILED

Feb 06, 2002 8:00 am
Secretary of State

02-06-2002 90079 032 ****61.25

401619



DO NOT WRITE IN THIS SPACE

4. FEI Number 31-1620719 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

CR2E037 (9/01)