

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 21, 2001 8:00 am**  
**Secretary of State**

08-21-2001 90032 023 \*\*\*550.00

0108979 AT

**DOCUMENT # P00000109823**

1. Entity Name  
**LOFTON POINTE, INC.**

Principal Place of Business  
**1325 ATLANTIC AVENUE**  
**FERNANDINA BEACH FL 32035**

Mailing Address  
**POST OFFICE BOX 17833**  
**JACKSONVILLE FL 32246**

**A0082277**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business.

3. Mailing Address

**P.O. Box 1200**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**FERNANDINA BEACH, FL**

4. FEI Number

**59-3685136**

Applied For

Not Applicable

Zip

Country

Zip

Country

**32035**

**NASSAU**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**BRANT, MOORE, MACDONALD & WELLS, P.A.**  
**50 NORTH LAURA STREET**  
**SUITE 3100**  
**JACKSONVILLE FL 32202**

7. Name and Address of New Registered Agent

Name **AKERMAN, SENTERFITT**  
 Street Address (P.O. Box Number is Not Acceptable)  
**50 NORTH LAURA STREET**  
**SUITE 2500**  
 City **JACKSONVILLE** **FL** Zip Code **32202**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
 NAME **TREVETT, HARRY R**  
 STREET ADDRESS **8144 SUMMITT RIDGE LANE**  
 CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE **D** ☐ Delete  
 NAME **MOCK, WILLIAM J JR.**  
 STREET ADDRESS **1676 REGATTA DRIVE**  
 CITY-ST-ZIP **AMELIA ISLAND FL 32034**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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

**7/27/01**

Date

Daytime Phone #

CR2E034 (5/01)