2001 UNIFORM BUSINESS REPORT (UBR)

DAVIS, ELLERY SR. TREET ADDRESS CITY-ST-ZIP PONTE VEDRA BEACH FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET	DOCUN 1. Entity Name	UNIFORM BUSING MENT # P940008 VES AT PONTE VEDRA, INC.		KI (UBH		Se	FIL 16, 20 cretar	y of	Stat	e
Suite, Apt. F. etc. Suite, Apt. F. etc. Do Not Wall EIN THIS SPACE	330 A1A NORTH #211 PONTE VEDRA B	BEACH FL 32082	330 A1A NORTH #211 PONTE VEDRA BEACH FL 32	0082		1100110011111	0.111 0.1814 0.8141 6.8411 0.8 4			9
City & State Ci	2. Principal Pla	ace of Business								
Zip Country Zip Country Zip Country St. Certificate of Status Desired \$8.75 Additional Fee Required Fee Requ	Suite, Apt. #	#, etc.	Suite, Apt. #, etc.					IN THIS SE		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DAVIS, MARY ANN 330 ATA NORTH 211 PONTE VEDRA FL 32082 City FL Zip Code 8. The above remed entity submits in a statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SignaTuRE 9. This corporation is eligible to satisfy its Interng ble Tax filting requirement and exects to do so. 10. See officies on back) Address of New Registered Agent Name 9. This corporation is eligible to satisfy its Interng ble Tax filting requirement and exects to do so. 10. See officies on back) Address of New Registered Agent Name 11. OFFICERS AND DIRECTORS 12. ADD.TIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADD.TIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 11. ONLY STAP 11. ONLY STAP 11. ONLY STAP 11. OFFICERS AND DIRECTORS 11. ONLY STAP 11. OFFICERS AND DIRECTORS 11. ONLY STAP 1	City & State		City & State			Not Applicable				
DAVIS, MARY ANN 330 ATA NORTH 211 PONTE VEDRA FL 32082 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered signal, or both, in the State of Forida. 8. The above named entity submits this statement for the purpose of changing its registered office or registered signal, or both, in the State of Forida. 8. This corporation is eligible to satisfy its Intengable Tax Taing requirement and elects to do so. Anter MAY 1, 2001 Fee will be 3530.00 Mate Chack Payable to Department of State Size of retain or back) Trust Fund Contribution. Anter MAY 1, 2001 Fee will be 3530.00 Mate Chack Payable to Department of State DAVIS, MARY A	Zip	Country	Zip	Country	5. (Certificate of S	Status Desired			
DAVIS, MARY ANN 330 A1A NORTH 211 PONTE VEDRA FL 32082 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, spent of presentance of regioned agent and life 1 registered office or registered agent, or both, in the State of Florida. SigNaTURE Signature, spent of presentance of regioned agent and life 1 registered office or registered agent, or both, in the State of Florida. SigNaTURE Signature, spent of presentance of regioned agent age	5.4	6. Name and Address of Current R	egistered Agent		7. N	Name and Ad	dress of New Rec	istered Ag	jent	
330 A1A NORTH 211 PONTE VEDRA FL 32082 City FL Zip Code SIGNATURE SIGNATURE Signation in the State of Florida. Sign	NAVIS	S. MARY ANN							ناو خوري	
### Change	330 A			Street Ac	treet Address (P.O. Box Number is Not Acceptable)					
SIGNATURE 8. This corporation is eligible to satisfy 4s Intangible Tax fling requirement and elects to do so.				City	_		· · · · · · · · · · · · · · · · · · ·	FL	Zip Code	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INTERPRETATIONS STREET ADDRESS CITY-ST-2P TITLE DAVIS, MARY A STREET ADDRESS CITY-ST-2P TITLE DAVIS, ELLERY SR. TISHERMAN'S COVE PONTE VEDRA BEACH FL. Delete TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME	8. The above	named entity submits this statement for	the purpose of changing its	registered office or	registered ag	gent, or both, i	n the State of Flori	da.	•	
9. This corporation is eligible to satisfy its Intangible Tax filing reculrement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 TITLE MAKE MAKE DAYIS, MARY A 77 FISHERMAN'S COVE PONTE VEDRA BEACH FL TITLE UDAYIS, ELLERY SR. TISHERMAN'S COVE PONTE VEDRA BEACH FL TITLE MAKE SIRELT ADDRESS CITY-ST-2P TITLE MAKE	SIGNATURE _		WOT	S. January Agent Agent	ro required when ti	einstation)		DATE		
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11. OFFICERS AND DIRECTORS IN 11 TITLE DAVIS, MARY A 77 FISHERMAN'S COVE PONTE VEDRA BEACH FL DAVIS, ELLERY SR. 57 FISHERMAN'S COVE PONTE VEDRA BEACH FL DAVIS, ELLERY SR. 57 FISHERMAN'S COVE PONTE VEDRA BEACH FL DAVIS, ELLERY SR. 57 FISHERMAN'S COVE PONTE VEDRA BEACH FL DAVIS, ELLERY SR. 57 FISHERMAN'S COVE PONTE VEDRA BEACH FL DAVIS, ELLERY SR. 57 FISHERMAN'S COVE PONTE VEDRA BEACH FL DEVIS TITLE MAME SIREET ADDRESS CITY-ST-2P	Tax filing requirement and elects to do so. After MAY 1, 2001			01 Fee will be \$5	50.00					
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 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.	TITLE NAME STREET ADDRESS		Delete	NAME STREET ADDRESS					Change	Addition
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