

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000050330

1. Entity Name

ST. JOHNS RIVER MILLING COMPANY

Principal Place of Business

THE JACKSONVILLE LANDING
2 INDEPENDENT DR.
JACKSONVILLE FL 32202

Mailing Address

THE JACKSONVILLE LANDING
2 INDEPENDENT DR.
JACKSONVILLE FL 32202-5058

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3325710

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BUSCHMAN, ALBERT E JR.
2215 SOUTH THIRD STREET, SUITE 101
JACKSONVILLE BEACH FL 32250

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

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DC ☐ Delete
NAME MULHALL, ROY
STREET ADDRESS 3263 OLD BARN RD
CITY-ST-ZIP PONTE VEDRA FL 32082

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

TITLE DP ☐ Delete
NAME FREEMAN, ROBERT W
STREET ADDRESS 10367 WALDEN GLENN CT
CITY-ST-ZIP JAX FL 32256

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

TITLE DV ☐ Delete
NAME MCCLURE, LEWIS
STREET ADDRESS P.O. BOX 13153
CITY-ST-ZIP SAVANNAH GA 31416

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

TITLE D ☐ Delete
NAME FREEMAN, WILLIAM K
STREET ADDRESS 407 COLLEGE AVE.
CITY-ST-ZIP SCOTTSBORO AL 35768

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

TITLE D ☐ Delete
NAME GIDDENS, CHARLES
STREET ADDRESS 505 BURLINGTON DR.
CITY-ST-ZIP SCOTTSBORO AL 35768

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

TITLE DST ☐ Delete
NAME BUSCHMAN, AL JR
STREET ADDRESS 2215 S 3RD ST., R101
CITY-ST-ZIP JAX FL 32250

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

Date

Daytime Phone #

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90094 016 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)

4/29/00