

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000074868

1. Entity Name

STAR IX INVESTORS, INCORPORATED

Principal Place of Business

2900 HARTLEY ROAD
JACKSONVILLE FL 32257

Mailing Address

2900 HARTLEY ROAD
JACKSONVILLE FL 32257

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 59-3354128

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

WODRICH, MICHAEL A
1301 RIVERPLACE BLVD., STE. 1500
JACKSONVILLE BEACH FL 32207

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, 2001 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 | D | <input type="checkbox"/> Delete |
| NAME | FOSTER, RONALD H | |
| STREET ADDRESS | 11960 LITTLE CREEK LANE | |
| CITY-ST-ZIP | JACKSONVILLE FL 32223 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | FOSTER, WALTER M | |
| STREET ADDRESS | 10125 SCOTT MILL ROAD | |
| CITY-ST-ZIP | JACKSONVILLE FL 32223 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | ALBERTELLI, GEORGE J | |
| STREET ADDRESS | 11651 OLDE MANDARIN ROAD | |
| CITY-ST-ZIP | JACKSONVILLE FL 32223 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | COTHREN, H. BOBBY | |
| STREET ADDRESS | 11830 CATRAKEE DR. | |
| CITY-ST-ZIP | JACKSONVILLE FL 32223 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | SMITH, DONALD L | |
| STREET ADDRESS | 2748 SCOTT MILL TERRACE | |
| CITY-ST-ZIP | JACKSONVILLE FL 32257 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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:

D L Smith V P
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/01
Date

904-260-2900
Daytime Phone #

FILED
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 91342 001 ***150.00

C0028400



DO NOT WRITE IN THIS SPACE

0023835

CR20034 (10/00)