

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000097469

1. Entity Name
GENSTAR OF PONTE VEDRA, INC.

FILED
Sep 07, 2000 8:00 am
Secretary of State

09-07-2000 90060 047 ***550.00

Principal Place of Business

8948 WESTERN WAY
BLDG. 8 SUITE 10
JACKSONVILLE FL 32256

Mailing Address

8948 WESTERN WAY
BLDG. 8 SUITE 10
JACKSONVILLE FL 32256

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

1301 Riverplace Blvd., #
Ste. 2400

Suite, Apt. #, etc.

Jacksonville FL

Zip

Country

32207



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3354390

Applied For

Not Applicable

5. Certificate of Status Desired - ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SNEED, GARY W
116 CARRIAGE LAMP WAY
PONTE VEDRA BEACH FL 32082

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

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 13, 2000 Min. 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
NAME SNEED, GARY W
STREET ADDRESS 116 CARRIAGE LAMP WAY
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Secretary
NAME Neal J. Von Stein
STREET ADDRESS 1301 Riverplace Blvd. Ste 2400
CITY-ST-ZIP Jacksonville FL 32207 ☐ Change ☒ Addition

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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

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:

Neal J. Von Stein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/5/00
Date

904-396-4015
Daytime Phone #

CR2E034 (5/00)