

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000037233

1. Entity Name

PROMENADE PROPERTY, INC.

FILED

Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90048 015 ***150.00

Principal Place of Business
196 TWELVE OAK LN
PONTE VEDRA BEACH FL 32082
US

Mailing Address
196 TWELVE OAKS LN
PONTE VEDRA FL 32082-3943
US

2. Principal Place of Business

10450 US 1 N

3. Mailing Address

same

Suite, Apt. #, etc.

#1

Suite, Apt. #, etc.

City & State

ST. Augustine FL

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

32095

Country

Zip

Country

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

GOCHT, CORA
196 TWELVE OAKS LN
PONTE VEDRA BEACH FL 32082

Name

Street Address (P.O. Box Number is Not Acceptable)

10450 US 1 N

Unit 1

City

ST. Augustine FL

FL

Zip Code

32095

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/26/00

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 D ☐ Delete
NAME GOCHT, CORA
STREET ADDRESS 196 TWELVE OAKS LN
CITY-ST-ZIP PONTE VEDRA FL 32082

TITLE ☒ Change ☐ Add
NAME 10450 US 1 N - Unit 1
STREET ADDRESS ST AUGUSTINE FL 32095
CITY-ST-ZIP

TITLE D ☐ Delete
NAME GOCHT, HAGEN
STREET ADDRESS 196 TWELVE OAKS LN
CITY-ST-ZIP PONTE VEDRA FL 32082

TITLE ☒ Change ☐ Add
NAME 10450 US 1 N - Unit 1
STREET ADDRESS ST. AUGUSTINE FL 32095
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
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CITY-ST-ZIP

TITLE ☐ Change ☐ Add
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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/26/00 904 285 1005