

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000062371

1. Entity Name

SAINT JOHNS COVE INVESTMENT, INC.

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90121 010 ***150.00

Principal Place of Business

Mailing Address

100 NATIONAL FINANCIAL BUILDING
4215 SOUTHPOINT BLVD
JACKSONVILLE FL 32216

100 NATIONAL FINANCIAL BUILDING
4215 SOUTHPOINT BLVD
JACKSONVILLE FL 32216-0976

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Jacksonville, FL

Jacksonville, FL

Zip

Country

Zip

Country

32255

32255



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3460671

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

ANSBACHER, LEWIS
100 NATIONAL FINANCIAL BUILDING
4215 SOUTHPOINT BLVD
JACKSONVILLE FL 32216

Name Lewis Ansbacher

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

5150 Belfort Road
Building 100

City

Jacksonville

FL

Zip Code

32256

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)

3/15/00

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 DPT
NAME ROSENBAUM, JERROLD
STREET ADDRESS 6225 POWERS AVE
CITY-ST-ZIP JACKSONVILLE FL 32217

☐ Delete

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

TITLE V
NAME BAUGUSS, LAURIE
STREET ADDRESS 6225 POWERS AVE
CITY-ST-ZIP JACKSONVILLE FL 32217

☐ Delete

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

TITLE VS
NAME ANGELO, BETH
STREET ADDRESS 6225 POWERS AVE
CITY-ST-ZIP JACKSONVILLE FL 32217

☐ Delete

TITLE ☐ Change ☐ Addition
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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

2-15-00

Date

Daytime Phone #

CR2E034 (9/99)