

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000107599

1. Entity Name

ST. JOHNS REALTY SPECIALISTS, INC.

Principal Place of Business

126 STATE ROAD 13 NORTH  
JACKSONVILLE FL 32259

Mailing Address

126 STATE ROAD 13 NORTH  
JACKSONVILLE FL 32259

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

HILLYER, CHARLES E III  
126 STATE ROAD 13 NORTH  
JACKSONVILLE FL 32259

4. FEI Number 59-3485213

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

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 \_\_\_\_\_ of \_\_\_\_\_ is the registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

TITLE P  
NAME HILLYER, CHARLES E III  
STREET ADDRESS 126 STATE ROAD 13 NORTH  
CITY-ST-ZIP JACKSONVILLE FL 32259 ☐ Delete

TITLE V  
NAME CRANDELL, JOHN V JR  
STREET ADDRESS 1800 THE GREENSWAY., #311  
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
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: *Charles E. Hillyer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2-8-2001* *281-7700*  
Date Daytime Phone #

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

05-01-2001 90114 021 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)