

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2000 8:00 am
Secretary of State

02-10-2000 90049 040 ***150.00

DOCUMENT # P990000016950

1. Entity Name
SJV PROPERTIES, INC.

Principal Place of Business

Mailing Address

**336 REDWING LANE
 ST. AUGUSTINE FL 32084**

**336 REDWING LANE
 ST. AUGUSTINE FL 32084-7979**

2. Principal Place of Business

3. Mailing Address

PO BOX 840100

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. AUGUSTINE FL

4. FEI Number

59-3560112

Applied For

Not Applicable

Zip

Country

Zip

Country

32084-0100 US

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

**LILLY, LAWRENCE G ESQ.
 336 REDWING LANE
 ST. AUGUSTINE FL 32084**

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, 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	<input type="checkbox"/> Delete
NAME	LILLY, LAWRENCE G	
STREET ADDRESS	P.O. BOX 840100	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084-0100	
TITLE	RIGGLE, C. FRANK III	<input type="checkbox"/> Delete
NAME	153 MARSHSIDE DRIVE	
STREET ADDRESS	ST. AUGUSTINE FL 32084	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	
TITLE	CHITWOOD, DANIEL E.	<input type="checkbox"/> Delete
NAME	917 LEW BOULEVARD	
STREET ADDRESS	ST. AUGUSTINE FL 32084	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
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:

LAWRENCE G. LILLY

Date

Daytime Phone #

1/3/00 904-461-3311