

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000016950

1. Entity Name
SJV PROPERTIES, INC.

Principal Place of Business

Mailing Address

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

~~PO BOX 840100~~
~~SAINT AUGUSTINE FL 32084-0100~~

2. Principal Place of Business

3. Mailing Address

67 Dolphin Dr
Suite, Apt. #, etc.

SAME AS #2

City & State
ST. AUGUSTINE, FL

City & State
ST. AUGUSTINE, FL

Zip
32080

Country
ST. JOHN

4. FEI Number 59-3560112

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

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

RIGGLE, CHARLES F III
Street Address (P.O. Box Number is Not Acceptable)

67 Dolphin Dr

City ST. AUGUSTINE

FL

Zip 32080

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

Charles Riggle

4/30/01

(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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME LILLY, LAWRENCE G
STREET ADDRESS P.O. BOX 840100
CITY-ST-ZIP ST. AUGUSTINE FL 32084-0100

TITLE ~~VP~~
NAME RIGGLE, FRANK C III
STREET ADDRESS ~~153 MARSHSIDE DR~~
CITY-ST-ZIP SAINT AUGUSTINE FL 32084

TITLE D
NAME CHITWOOD, DANIEL E
STREET ADDRESS 917 LEW BLVD
CITY-ST-ZIP SAINT AUGUSTINE FL 32084

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PRESIDENT
NAME 67 Dolphin Dr
STREET ADDRESS ST AUG FL 32080
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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 another like empowered.

SIGNATURE:

Charles Riggle

4/30/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90024 017 ***150.00



DO NOT WRITE IN THIS SPACE

0002574

CR2E034 (10/00)