

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91153 034 ***150.00

DOCUMENT # P99000032176
1. Entity Name
 St. Johns Retail Management, Inc.

Principal Place of Business 5076 Sunset Court
 Windermere, FL 34786
Mailing Address 5076 Sunset Court
 Windermere, FL 34786

768835

2. Principal Place of Business One Independent Dr.
 Suite, Apt. #, etc. Suite 200
 City & State Jacksonville, FL
 Zip 32202 Country USA

3. Mailing Address One Independent Dr.
 Suite, Apt. #, etc. Suite 200
 City & State Jacksonville, FL
 Zip 32202 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3569113
Applied For
 Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 Motolaw, Inc.
 50 N. Laura St., Ste 2750
 Jacksonville, FL 32202

7. Name and Address of New Registered Agent
 Name: William G. Evans
 Street Address (P.O. Box Number is Not Acceptable) One Independent Drive
 Suite 200
 City Jacksonville, FL Zip Code 32202

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 4/30/01

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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	President Toomey, Richard J.
STREET ADDRESS	5076 Sunset Court
CITY-ST-ZIP	Windermere, FL 34786
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VP Heistand, James R.
STREET ADDRESS	512 E. Washington St., Ste 200
CITY-ST-ZIP	Orlando, FL 32801
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Secretary/Treasurer Evans, William G.
STREET ADDRESS	One Independent Dr., Ste 200
CITY-ST-ZIP	Jacksonville, FL 32202
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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 I, as an officer or director of the corporation or the receiver or trustee empowered to execute this report, have not changed, or on an attachment, with all other like empowered.

SIGNATURE [Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 4/30/01 (904) 356-1978
 Daytime Phone #

CR2E034 (11/00)