

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2002 8:00 am**  
**Secretary of State**

05-10-2002 90012 002 \*\*\*150.00

0020419 AV

**DOCUMENT # P99000032179**

1. Entity Name  
**ST. JOHNS RETAIL MANAGEMENT, INC.**

Principal Place of Business

**ONE INDEPENDENT DR  
 SUITE 200 114  
 JACKSONVILLE FL 32202**

Mailing Address

**ONE INDEPENDENT DR  
 SUITE 200 114  
 JACKSONVILLE FL 32202**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**One Independent Dr.**

Suite, Apt. #, etc.

**Suite 114**

City & State

**Jacksonville, FL**

Zip  
**32202**

Country

**USA**

3. Mailing Address

**One Independent Dr.**

Suite, Apt. #, etc.

**Suite 114**

City & State

**Jacksonville, FL**

Zip

**32202**

Country

**USA**

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

**EVANS, WILLIAM G  
 ONE INDEPENDENT DR  
 SUITE 200 114  
 JACKSONVILLE FL 32202**

7. Name and Address of New Registered Agent

Name  
**Evans, William G.**

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

**One Independent Drive  
 Suite 114**

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]*

**William G. Evans, Member 4/29/02**

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P TOOMEY, RICHARD 5076 SUNSET COURT WINDEMERE FL 34786</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP HEISTAND, JAMES R 512 E WASHINGTON ST STE 200 ORLANDO FL 32801</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST EVANS, WILLIAM G ONE INDEPENDENT DR STE 200 JACKSONVILLE FL 32202</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST Evans, William G One Independent Dr., Ste 114 Jacksonville, FL 32202</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

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

**William G. Evans 4/29/02 (904) 356-1978**  
 member Date Daytime Phone #

CP2E034 (9/01)