2003 FOR PROFIT CORPORATION ***UNIFORM BUSINESS REPORT (UBR)**

P99000032179 DOCUMENT

1. Entity Name

ST. JOHNS RETAIL MANAGEMENT, INC.

,

FILED Apr 18, 2003 8:00 am Secretary of State

04-18-2003 90106 019 ***150.00

				600 %	ETRI						
Principal Plac ONE INDEPEN SUITE 114 JACKSONVILL		ONE IN	Mailing Address ONE INDEPENDENT DR SUITE 114 JACKSONVILLE FL 32202								
2. Principal F	Place of Business	3. Maili	3. Mailing Address			1 10011001 110 11	\\ 6 			1919 1911 1991	
Suite, Apt.	#, etc.	Suite	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
City & Stat	de .	City & State			4	4. FEI Number 59-3569113			Applied For Not Applicable		
Zip	Country	Zip	C	ountry	5	i. Certificate of Sta	tus Desired		\$8.75 Additional Fee Required		
	6. Name and Address of Current	Registered	Agent	= - \ =	7.	. Name and Addr	ess of New Re	gistered Ac	ent		1
				Name			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				1-
EVANS, W	/ILLIAM G						•				1
				Street A	ddress (P.O.	. Box Number is N	ot Acceptable)				ļ
	PENDENT DR					<u>.</u>					ł
SUITE 114	4			1							l
JACKSON	WILLE FL 32202			City		······ ,		FL	Zip Code		
	named entity submits this statement folions of registered agent.	r the purpo	se of changing its regis	tered office or	r registered a	agent, or both, in t	ne State of Flori	da. I am far	niliar with, a	and accept	ĺ
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applic	cable. (NOTE: Regi	stered Agent signat	ure required whe	n reinstating)		DATE			
	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00				•	l l	Campaign Finand Contribution.		\$5.00	May Be to Fees	
Make Check	c Payable to Florida Department o	f State				ii dasi i di	ia continuation.		Added	10 1 003	
10.	OFFICERS AND	DIRECTOR	RS I	11.		ADDITIONS/CHAN	IGES TO OFFIC	ERS AND D	DIRECTORS	IN 11	l
TITLE	P	*****	☐ Delete	TITLE	P				Change	Addition	1
NAME	TOOMEY, RICHARD			NAME	Toom	avista te Ved	hard				H
STREET ADDRESS	5070 SUNSET COURT			STREET ADDRESS	13 1	allista.	Dure				1
CITY-ST-ZIP	WINDEMERE FL 94766			CITY-ST-ZIP	13-	1/2 1	م .	1 2	2082		
					ron	rex	<u>^∞, ⊢</u>				┨!
TITLE	VP			TITLE	ł			L	Change	☐ Addition	H
NAME	HEISTAND, JAMES R			NAME							
STREET ADDRESS	512 E WASHINGTON ST STE 2	200		STREET ADDRESS							
CITY-ST-ZIP	ORLANDO FL 32801			CITY-ST-ZIP							
TITLE -	ST		- Delete	TITLE				[Change	Addition	1
NAME	EVANS, WILLIAM G		1	NAME							l
STREET ADDRESS	ONE INDEPENDENT DR STE 114	ļ] :	STREET ADDRESS							l
CITY-ST-ZIP	JACKSONVILLE FL 32202			CITY-ST-ZIP							ĺ
TITLE			☐ Delete	TITLE	 				Change	☐ Addition	ĺ
NAME				NAME				·			ĺ
STREET ADDRESS				STREET ADDRESS							ı
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TITLE				TITLE				L	Change	☐ Addition	ĺ
NAME				NAME							l
STREET ADDRESS				STREET ADDRESS							l
CITY-ST-ZIP				CITY-ST-ZIP							
TITLE			☐ Delete	TITLE					Change	Addition	ļ

splied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information an eport 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 stee empowered to accurate his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. Thereby certify that the information s indicated on this report or suppler of the corporation or the receiver changed, or on an attachment of

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR william G. Evans