2000 UNIFORM BUSINESS REPORT (UBR)

FILED

00 MAY -4 PM 12:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0045153

DOCUMENT # P99000070666

1. Entity Name

BENJAMIN-GIRVIN ROAD, INC.

Principal Place of Business

2815 SPANISH COVE TRAIL
JACKSONVILLE FL 32257

Mailing Address

2815 SPANISH COVE TRAIL
JACKSONVILLE FL 32257-5850

03/22/00-90013-015 $150.00

2. Principal Place of Business — Suite, Apt. #, etc — City & State — Zip — Country

3. Mailing Address — Suite, Apt. #, etc — City & State — Zip — Country

4. FEI Number 59-3639222

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OBERDORFER, E. CHARLES ESQ
1719 BLANDING BLVD
JACKSONVILLE FL 32210

7. Name and Address of New Registered Agent

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	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BENJAMIN, JULIEN P JR 2815 SPANISH COVE TRAIL JACKSONVILLE FL 32257 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Benjamin, Julien P. Jr. Post Office Box 24133 ~~Jacksonville, FL 32241~~ ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (3/99)

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: Julien P. Benjamin, Jr. March 15, 2000 (904) 268-6323

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #