

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90759 029 \*\*\*150.00

0040151 AV

**DOCUMENT # S60685**

1. Entity Name  
**PONTE VEDRA POINTE ASSOCIATES, INC.**



Principal Place of Business  
**8081 PHILLIPS HIGHWAY**  
**17**  
**JACKSONVILLE FL 32205**  
**US**

Mailing Address  
**8081 PHILLIPS HIGHWAY**  
**17**  
**JACKSONVILLE FL 32256**  
**US**



2. Principal Place of Business  
**8130 Baymeadows Cir.W.**  
Suite, Apt. #, etc.  
**107**

3. Mailing Address  
**8130 Baymeadows Cir.W.**  
Suite, Apt. #, etc.  
**107**

☐ CHECK HERE IF MAKING CHANGES

City & State  
**Jacksonville, FL**  
Zip  
**32256**  
Country  
**Duval**

City & State  
**Jacksonville, FL**  
Zip  
**32256**  
Country  
**Duval**

4. FEI Number  
**59-3080642**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SIMON, BERT C**  
**1660 PRUDENTIAL DR**  
**SUITE 203**  
**JACKSONVILLE FL 32207**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	DP	<input type="checkbox"/> Delete
NAME	MORRIS, SHELDON	
STREET ADDRESS	6975 OLD CHURCH RD	
CITY-ST-ZIP	GREEN COVE SPRINGS FL	
TITLE	VAS	<input type="checkbox"/> Delete
NAME	WEED, III, JOSEPH D	
STREET ADDRESS	8081 PHILLIPS HWY #17	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VPA	<input type="checkbox"/> Delete
NAME	WEED, J D JR	
STREET ADDRESS	4000 ST JOHNS AVE #26	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VPST	<input type="checkbox"/> Delete
NAME	JORDAN, MARY I	
STREET ADDRESS	8081 PHILLIPS HWY #17	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	AS	<input type="checkbox"/> Delete
NAME	SIMON, BERT C	
STREET ADDRESS	1660 PRUDENTIAL DR #203	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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	
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	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-21-03**

Date

**(904) 737-1280**

Daytime Phone #

CR2E034 (10/02)