

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S86770

1. Entity Name

STOCKTON REALTY GROUP, INC.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90079 044 ***150.00

Principal Place of Business

Mailing Address

208 PONTE VEDRA PARK DR
STE 102
PONTE VEDRA BEACH FL 32082
US

P.O. B OX 1069
PONTE VEDRA BEACH FL 32004

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3089001

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WATSON, KEITH
208 PONTE VEDRA PARK DRIVE STE 101
STE 102
PONTE VEDRA BEACH FL 32082

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 IN 11

T HUTCHESON, NORMA JEAN
10960 BEACH BLVD #395
JACKSONVILLE FL 32246 ☐ Delete

☐ Change ☐ Addition

S CAVIN, JILL
2412 EGRETS GLADE DRIVE
JACKSONVILLE FL ☐ Delete

☐ Change ☐ Addition

CPD STOCKTON, JAMES R J
1300 PONTE VEDRA BLVD
PONTE VEDRA BEACH FL 32082 ☐ Delete

☐ Change ☐ Addition

VP STOCKTON, JULIA P R
89 SOUTH ROSCOE BLVD
PONTE VEDRA BEACH FL 32082 ☐ Delete

☐ Change ☐ Addition

☐ Delete

☐ Change ☐ Addition

☐ Delete

☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/19/00

904.285.4884