

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90053 014 ****61.25

DOCUMENT # 712913

1. Entity Name

UNITED WAY OF ST. JOHNS COUNTY, INC.

Principal Place of Business 117 BRIDGE ST ST. AUGUSTINE FL 32084 US	Mailing Address PO BOX 625 ST. AUGUSTINE FL 32085 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

4. FEI Number 59-6018986	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BAILEY, JOHN D., JR.
780 N PONCE DE LEON BL
ST AUGUSTINE FL 32084**

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

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SHRADE R, GLENN	
STREET ADDRESS	1795 US 1 S	
CITY-ST-ZIP	ST. AUGUSTINE FL 32086	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	TONER, DAVID	
STREET ADDRESS	40 ORANGE ST.	
CITY-ST-ZIP	ST AUGUSTINE FL 32084	
TITLE	VD	<input type="checkbox"/> Delete
NAME	UPCHURCH, KRAMER	
STREET ADDRESS	1795 US 1 S.	
CITY-ST-ZIP	ST AUGUSTINE FL 32086	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MYERS, VERNON	
STREET ADDRESS	117 BRIDGE ST	
CITY-ST-ZIP	ST AUGUSTINE FL 32084	
TITLE	S	<input type="checkbox"/> Delete
NAME	BREIDENSTEIN, ANN H.	
STREET ADDRESS	117 BRIDGE STREET	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BEUK, ARTHUR	
STREET ADDRESS	117 BRIDGE ST.	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32084	
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 617, 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: *Ann H. Breidenstein* **SIGNATURE REQUIRED** Ann H. Breidenstein
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: 4/18/02 Daytime Phone #: 904-829-9721

CR2E037 (9/01)