

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90326 040 ****61.25

DOCUMENT # 736710

1. Entity Name

BARRATARIA ISLAND ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**259 BARRATARIA DR
 ST. AUGUSTINE FL 32086
 US**

**PO BOX 4136
 PO BOX 4136
 ST. AUGUSTINE FL 32085
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2377635

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROGERS, RICHARD
 236 BARRATARIA DRIVE
 ST AUGUSTINE FL 32080**

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 *Richard C Rogers* **RICHARD ROGERS**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/10/02
 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** Delete
 NAME **BAUER, SALLY**
 STREET ADDRESS **248 BARRATARIA DRIVE**
 CITY-ST-ZIP **ST AUGUSTINE FL 32080**

TITLE **D** Change Addition
 NAME **ANGEL LEVERETT**
 STREET ADDRESS **254 BARRATARIA DR.**
 CITY-ST-ZIP **ST. AUG. FL 32080**

TITLE **VP** Delete
 NAME **NUDO, RUDOLPH**
 STREET ADDRESS **230 BARRATARIA DRIVE**
 CITY-ST-ZIP **ST AUGUSTINE FL 32080**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **TRAVIS, BUD**
 STREET ADDRESS **231 BARRATARIA DRIVE**
 CITY-ST-ZIP **ST AUGUSTINE FL 32080**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DT** Delete
 NAME **CASTLEBERRY, CINDY**
 STREET ADDRESS **234 BARRATARIA DR.**
 CITY-ST-ZIP **ST AUGUSTINE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P** Delete
 NAME **ROGERS, RICHARD**
 STREET ADDRESS **236 BARRATARIA DRIVE**
 CITY-ST-ZIP **ST AUGUSTINE FL 32080**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** Delete
 NAME **NUDO, ELIZABETH**
 STREET ADDRESS **230 BARRATARIA DRIVE**
 CITY-ST-ZIP **ST AUGUSTINE FL 32080**

TITLE Change 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: *Cindy Castleberry* **CINDY CASTLEBERRY** **4/10/02** **904-471-1597**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)