

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 751632

1. Entity Name

ST. AUGUSTINE BEACH CIVIC ASSOCIATION, INC.

Principal Place of Business

370 A1A BCH. BLVD.
ST. AUGUSTINE FL 32084
US

Mailing Address

370 A1A BCH. BLVD.
ST. AUGUSTINE FL 32084-6591
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 59-2574646

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCCARTHY, MARY
5 COQUINA BLVD
ST. AUGUSTINE FL 32086

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	D	OWEN, ROBERT N	<input checked="" type="checkbox"/> Delete
NAME		28 OCEAN PINES DR	
STREET ADDRESS		ST. AUGUSTINE FL 32084	
CITY-ST-ZIP			
TITLE	P	SCOTT, HUGH	<input checked="" type="checkbox"/> Delete
NAME		105 DOGWOOD DRIVE	
STREET ADDRESS		ST. AUGUSTINE FL	
CITY-ST-ZIP			
TITLE	TD	JACOBS, MARY W	<input checked="" type="checkbox"/> Delete
NAME		2085-201 SR.3	
STREET ADDRESS		ST. AUGUSTINE FL 32084	
CITY-ST-ZIP			
TITLE	PO	HAHLE, MARY	<input checked="" type="checkbox"/> Delete
NAME		501 E STREET	
STREET ADDRESS		ST AUGUSTINE FL	
CITY-ST-ZIP			
TITLE	D	SMITH, ROBERT	<input type="checkbox"/> Delete
NAME		402 C STREET	
STREET ADDRESS		ST. AUGUSTINE BCH. FL	
CITY-ST-ZIP			
TITLE	S	MCCARTHY, MARY	<input type="checkbox"/> Delete
NAME		5 COQUINA BLVD	
STREET ADDRESS		ST AUGUSTINE BCH FL 32084	
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	HAHLE, MARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		501 E ST.	
STREET ADDRESS		ST AUGUSTINE BCH, FL 32084	
CITY-ST-ZIP			
TITLE	T	JOHN ROONEY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		205 5TH ST.	
STREET ADDRESS		ST AUGUSTINE BCH, FL	
CITY-ST-ZIP			
TITLE	D	HUMPHREYS, GLADYS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		205 5TH ST.	
STREET ADDRESS		ST AUGUSTINE BCH FL	
CITY-ST-ZIP			
TITLE	D	ZITO, JOSEPH	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		502 D ST	
STREET ADDRESS		ST AUGUSTINE BCH FL	
CITY-ST-ZIP			
TITLE	V	Nowlin ROBERT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		28 OCEAN PINES DR.	
STREET ADDRESS		ST AUGUSTINE BCH FL	
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 817, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED JOHN ROONEY 2-3-00 904-471-1381

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90062 041 ****61.25



DO NOT WRITE IN THIS SPACE