# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 27, 2002 8:00 am**
**Secretary of State**
03-31-2002 90350 035 ****61.25

DOCUMENT # 751632

1. Entity Name

ST. AUGUSTINE BEACH CIVIC ASSOCIATION, INC. ✓

| Principal Place of Business | Mailing Address |
|---|---|
| 370 A1A BCH. BLVD.<br>ST AUGUSTINE FL 32080<br>US | 370 A1A BCH. BLVD.<br>ST AUGUSTINE FL 32080<br>US |

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DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 2200 A1A South<br>Suite, Apt. #, etc. | 2200 A1A South<br>Suite, Apt. #, etc. |
| City & State: St Augustine Beach FL | City & State: St Augustine Beach FL |
| Zip: 32080-7955 Country: USA | Zip: 32080-7955 Country: USA |

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 | 7. Name and Address of New Registered Agent |
|---|---|
| MCCARTHY, MARY<br>5 COQUINA BLVD Beach<br>ST. AUGUSTINE, FL 32086 32080 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 Mary McCarthy DATE May 19/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>HAHLE, MARY<br>501 E. ST<br>ST. AUGUSTINE BEACH FL 32084 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>Robert Samuels<br>110 Mickler Blvd<br>St Augustine Beach FL 32080 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>ROONEY, JOHN<br>205 5TH ST.<br>ST. AUGUSTINE FL | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>Edwin Porter<br>5 Carole Ct<br>St Augustine Beach FL 32080-6747 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>HUMPHREYS, GRADYS<br>2 C ST.<br>ST. AUGUSTINE FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>HAHLE, MARY<br>501 E STREET<br>ST AUGUSTINE FL | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S D<br>Tiffany Stott<br>120 Mickler Blvd<br>St Augustine Beach 32080 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SMITH, ROBERT<br>402 C STREET<br>ST. AUGUSTINE BCH. FL | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>MCCARTHY, MARY<br>5 COQUINA BLVD<br>ST AUGUSTINE BCH FL 32084 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (9/01)

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:** Edwin H Porter Edwin H Porter 3/20/02 9044619718
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #