

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 760076

1. Entity Name

ST. AUGUSTINE OCEAN & RACQUET CLUB CONDOMINIUM A

Principal Place of Business

880 A1A BEACH BOULEVARD
ST AUGUSTINE FL 32084
US

Mailing Address

880 A1A BCH. BLVD.
ST AUGUSTINE FL 32084-6772
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

59-2389780

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

JACOBS, PHILIP
2085 STATE ROAD 3
SUITE 201
ST AUGUSTINE FL 32084

Name JACOBS, PHILIP H.
Street Address (P.O. Box Number is Not Acceptable)
2085 A1A S., STE 201
City ST. AUGUSTINE FL 32084

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KLAW, ALAN 880 A1A BEACH BLVD. STE 3120 ST AUGUSTINE FL 32084	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DUKE, JAMES P.O. BOX 419 (NA) FOREST GROVE PA 18922	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WINSLETT, RON 880 A1A BCH BLVD. STE 1102 ST AUGUSTINE FL 32084	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BURRIS, DAVID 2137 BRECONRITY ST ATHENS TN	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AUMANN, BILL 2055 SOUTH FLORAL LAKES AVENUE LOT 301 BARTOW FL 33830	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARLSEN, CHARLES 121 TIDEWATCH DRIVE ST. AUGUSTINE FL 32084	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <u>DR</u> NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <u>PROS</u> NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <u>DR</u> NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <u>Treas</u> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <u>Sec</u> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

Bernard Lundenheim
880 A1A S. #3106
St. Augustine, FL 32084
Nancy Thola
880 A1A S. #3121
St. Augustine, FL 32084

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 22, 2000 8:00 am
Secretary of State

01-22-2000 90038 007 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)