2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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FILED
Feb 12, 2003 8:00 am
Secretary of State
01-16-2003 90048 011 ****61.25

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DOCUMENT # N01000006140

1. Entity Name
ST. AUGUSTINE OFFICERS' CLUB, INC.

Principal Place of Business	Mailing Address
82 MARINE ST ST AUGUSTINE FL 32084	82 MARINE ST ST AUGUSTINE FL 32084

☑ CHECK HERE IF MAKING CHANGES

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 APPLIED FOR 03-0412325 ☐ 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
DUREN, JOSEPH M 82 MARINE ST ST AUGUSTINE FL 32084	Name Ralph K. Johns Street Address (P.O. Box Number is Not Acceptable) 4236 Bradfisch Lane City St. Augustine FL Zip Code 32086

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Ralph K. Johns
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 Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JOHNS, RALPH R COL 4236 BRADFISCH LANE SAINT AUGUSTINE FL 32086	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Johns, Ralph K Col. 4236 Bradfisch Lane Saint Augustine Fl 32086	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GREEN, SAL CW5. 2610 HILLTOP ROAD SAINT AUGUSTINE FL 32086	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Green, SAL CW5 2610 Hilltop Road Saint Augustine Fl 32086	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD DUREN, JOSEPH LTC. 540 MOULTRIE WELLS ROAD SAINT AUGUSTINE FL 32086	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD Frantz, Donna K MAJ 6409 Pine Circle West St. Augustine Fl 32095	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M Ponce, Donna J 1705 Bennett Rd St. Augustine Fl 32092	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #