

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N06355

1. Entity Name  
ST. AUGUSTINE SOCIETY, INC.

**FILED**  
**Feb 26, 2000 8:00 am**  
**Secretary of State**

02-26-2000 90051 008 \*\*\*\*61.25

Principal Place of Business 70 WASHINGTON ST. P. O. BOX 3925 ST. AUGUSTINE FL 32085	Mailing Address 70 WASHINGTON ST. P. O. BOX 3925 ST. AUGUSTINE FL 32085-3925
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DO NOT WRITE IN THIS SPACE

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 <b>59-2475614</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~ATKINS, EDWARD~~  
~~3628 CRAZY HORSE TRL~~  
~~ST. AUGUSTINE FL 32084~~

7. Name and Address of New Registered Agent

Name: Robert A Eberling  
Street Address (P.O. Box Number is Not Acceptable):  
1400 Old Dixie Highway; STE E  
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.

SIGNATURE: Robert A Eberling DATE: 2/17/00

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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ATKINS, ED	
STREET ADDRESS	P.O. BOX 861028 N/A	
CITY-ST-ZIP	ST. AUGUSTINE FL 32086	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BURKES, JAMES	
STREET ADDRESS	97 EVERGREEN	
CITY-ST-ZIP	ST. AUGUSTINE FL 32095	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JENKINS, TAMMY A	
STREET ADDRESS	29 RIVER RD	
CITY-ST-ZIP	ST. AUGUSTINE FL 32095	
TITLE	D	<input type="checkbox"/> Delete
NAME	TETTA, ALFONSE	
STREET ADDRESS	195 LAGUNA CT.	
CITY-ST-ZIP	ST. AUGUSTINE FL 32086	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Williams, David	
STREET ADDRESS	906 Rosebud Trail	
CITY-ST-ZIP	St. Augustine, FL, 32086	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gormley, Barbara	
STREET ADDRESS	28 Santiago Court	
CITY-ST-ZIP	St. Augustine, FL 32086	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John P. Carlin	
STREET ADDRESS	5154 Atlantic View	
CITY-ST-ZIP	St. Augustine, FL 32084	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Robert A Eberling DATE: 2/23/00 (904) 471-1331

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E037 (9/99)