

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 21, 2001 8:00 am**  
**Secretary of State**

08-21-2001 90006 009 \*\*\*\*61.25

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**DOCUMENT # N06355**

1. Entity Name  
**ST. AUGUSTINE SOCIETY, INC.**

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**

0006199Z



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **70 Washington St. Suite, Apt. #, etc. Rm Box 861028**

3. Mailing Address: **P.O. Box 861028 Suite, Apt. #, etc.**

City & State: **St. Augustine, FL**

City & State: **St. Augustine, FL**

Zip: **32085** Country: **USA**

Zip: **32080** Country: **USA**

4. FEI Number: **59-2475614** Applied For:  Not Applicable

5. Certificate of Status Desired:  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**EBERLING, ROBERT A**  
**1400 OLD DIXIE HWY STE E**  
**SAINT AUGUSTINE FL 32086**

7. Name and Address of New Registered Agent

Name: \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_

City: \_\_\_\_\_ State: **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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

DATE: \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**After September 12, 2001, min. will be \$236.25**

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: PD	NAME: WILLIAMS, DAVID	<input checked="" type="checkbox"/> Delete
STREET ADDRESS: 906 ROSEBUD TRAIL	CITY-ST-ZIP: ST. AUGUSTINE FL 32086	
TITLE: VD	NAME: GORMLEY, BARBARA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS: 28 SANTIAGO CT	CITY-ST-ZIP: SAINT AUGUSTINE FL 32086	
TITLE: SD	NAME: JENKINS, TAMMY A	<input checked="" type="checkbox"/> Delete
STREET ADDRESS: 29 RIVER RD	CITY-ST-ZIP: ST. AUGUSTINE FL 32095	
TITLE: D	NAME: TETTA, ALFONSE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS: 195 LAGUNA CT.	CITY-ST-ZIP: ST. AUGUSTINE FL 32086	
TITLE: TD	NAME: CARLIN, JOHN C	<input type="checkbox"/> Delete
STREET ADDRESS: 5154 ATLANTIC VIEW	CITY-ST-ZIP: SAINT AUGUSTINE FL 32080	
TITLE:	NAME:	<input type="checkbox"/> Delete
STREET ADDRESS:	CITY-ST-ZIP:	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: President	NAME: Carlin, Ann	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 5154 Atlantic View	CITY-ST-ZIP: St. Augustine, FL 32080	
TITLE: View President	NAME: Sharran Bastl	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 984 Fish Island Pl.	CITY-ST-ZIP: St. Augustine, FL 32080	
TITLE: Sec.	NAME: Yvonne Chipman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 5400 Atlantic View	CITY-ST-ZIP: St. Augustine, FL 32080	
TITLE: Director	NAME: Ivonne Diaz	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 844 White Eagle Circle	CITY-ST-ZIP: St. Augustine, FL 32080	
TITLE: Director	NAME: Holly Feist	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 205 Cedar Ridge Circle	CITY-ST-ZIP: St. Augustine, FL 32080	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: **ARCHIE L. WILLIAMS, JR.** 8-1-01 (904) 929-8937

CR2E037 (5/01)