

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90036 049 ****61.25

DOCUMENT # N93000001398

1. Entity Name

ST. JOHNS COUNTY SCHOOL BOARD LEASING CORPORATIO

Principal Place of Business

Mailing Address

**40 ORANGE ST.
 ST. AUGUSTINE FL 32084**

**40 ORANGE ST.
 ST. AUGUSTINE FL 32084**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6000824

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BALBONI, HUGH
 40 ORANGE ST.
 ST. AUGUSTINE FL 32084**

Name

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

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

Hugh Balboni

Dr. Hugh Balboni

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: Delete
 NAME: **DSBM KRUG, JUDY**
 STREET ADDRESS: **40 ORANGE ST.**
 CITY-ST-ZIP: **ST. AUGUSTINE FL**

TITLE: Change Addition
 NAME: **DSBM**
 STREET ADDRESS: **CARLA WRIGHT**
 CITY-ST-ZIP: **40 ORANGE STREET
 ST. AUGUSTINE, FL**

TITLE: Delete
 NAME: **SBM GORDY, JOSEPH**
 STREET ADDRESS: **40 ORANGE ST.**
 CITY-ST-ZIP: **ST. AUGUSTINE FL**

TITLE: Change Addition
 NAME: **DSBM**
 STREET ADDRESS: **CARLA WRIGHT**
 CITY-ST-ZIP: **40 ORANGE STREET
 ST. AUGUSTINE, FL**

TITLE: Delete
 NAME: **DSBM HAM, JUDY**
 STREET ADDRESS: **40 ORANGE ST.**
 CITY-ST-ZIP: **ST. AUGUSTINE FL**

TITLE: Change Addition
 NAME: **DSBM**
 STREET ADDRESS: **CARLA WRIGHT**
 CITY-ST-ZIP: **40 ORANGE STREET
 ST. AUGUSTINE, FL**

TITLE: Delete
 NAME: **DSBM BURTON, ROBERT**
 STREET ADDRESS: **40 ORANGE ST.**
 CITY-ST-ZIP: **ST. AUGUSTINE FL**

TITLE: Change Addition
 NAME: **DSBM**
 STREET ADDRESS: **CARLA WRIGHT**
 CITY-ST-ZIP: **40 ORANGE STREET
 ST. AUGUSTINE, FL**

TITLE: Delete
 NAME: **SBM ALLEN, THOMAS**
 STREET ADDRESS: **40 ORANGE ST.**
 CITY-ST-ZIP: **ST. AUGUSTINE FL**

TITLE: Change Addition
 NAME: **DSBM**
 STREET ADDRESS: **CARLA WRIGHT**
 CITY-ST-ZIP: **40 ORANGE STREET
 ST. AUGUSTINE, FL**

TITLE: Delete
 NAME: **DSBM**
 STREET ADDRESS: **CARLA WRIGHT**
 CITY-ST-ZIP: **40 ORANGE STREET
 ST. AUGUSTINE, FL**

TITLE: Change Addition
 NAME: **DSBM**
 STREET ADDRESS: **CARLA WRIGHT**
 CITY-ST-ZIP: **40 ORANGE STREET
 ST. AUGUSTINE, FL**

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:

Judith M. Ham

Judith M. Ham

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)