

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2002 8:00 am
Secretary of State

0000698

03-31-2002 90362 049 ****61.25

DOCUMENT # N93000001398

1. Entity Name
**ST. JOHNS COUNTY SCHOOL BOARD LEASING CORPORATIO
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Principal Place of Business 40 ORANGE ST. ST. AUGUSTINE FL 32084	Mailing Address 40 ORANGE ST. ST. AUGUSTINE FL 32084
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number **59-6000824**

Applied For	Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
BALBONI, HUGH
40 ORANGE ST.
ST. AUGUSTINE FL 32084

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 *Hugh Balboni* **Hugh Balboni, Superintendent** DATE **3/22/02**

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. **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME	DSBM KRUG, JUDY	<input type="checkbox"/> Delete
STREET ADDRESS	40 ORANGE ST.	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE NAME	DSBM WRIGHT, CARLA	<input type="checkbox"/> Delete
STREET ADDRESS	40 ORANGE ST.	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE NAME	DSBM HAM, JUDY	<input type="checkbox"/> Delete
STREET ADDRESS	40 ORANGE ST.	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE NAME	DSBM BURTON, ROBERT	<input type="checkbox"/> Delete
STREET ADDRESS	40 ORANGE ST.	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE NAME	SBM ALLEN, THOMAS	<input type="checkbox"/> Delete
STREET ADDRESS	40 ORANGE ST.	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Judy S. Krug* **Judy S. Krug** DATE **3/22/02** DAYTIME PHONE # **(904)826-2105**

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

CR2E037 (9/01)