

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004336

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90112 019 ****61.25

1. Entity Name

ST. JOHNS COUNTY VISITORS AND CONVENTION BUREAU.

Principal Place of Business

SJC VISTORS & CONVEN BUREAU
 88 RIBERIA ST 250
 ST. AUGUSTINE FL 32084
 US

Mailing Address

88 RIBERIA STREET
 SUITE 250
 ST. AUGUSTINE FL 32084-4374

00007102



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

88 Riberia Street
 Suite 400

City & State

City & State

St. Augustine FL

4. FEI Number

59-3335084

Applied For

Not Applicable

Zip

Country

Zip

Country

32084

USA

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

WHETSTONE, VIRGINIA
 2 N AUGUSTINE BLVD
 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

[Handwritten Signature]

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/14/00

FILE NOW:
FEES 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: CRAIG SANDY
 STREET ADDRESS: 1737 SANTANDER ST
 CITY-ST-ZIP: ST AUGUSTINE FL

TITLE: Delete
 NAME: WHETSTONE, VIRGINIA
 STREET ADDRESS: 138 AVENIDA MENEDEZ
 CITY-ST-ZIP: ST. AUGUSTINE FL 32084

TITLE: Delete
 NAME: BRENNAN, NANCY
 STREET ADDRESS: 2700 SR. 16, ATE. 200
 CITY-ST-ZIP: ST. AUGUSTINE FL 32092

TITLE: Delete
 NAME: USINA, FRANK
 STREET ADDRESS: 4125 COASTAL HIGHWAY
 CITY-ST-ZIP: ST. AUGUSTINE FL 32095

TITLE: Delete
 NAME: EDWARDS, PAGE
 STREET ADDRESS: 40 RIO VISTA DR
 CITY-ST-ZIP: ST AUGUSTINE FL 32095

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME: Secretary
 STREET ADDRESS: Jim Wettach
 CITY-ST-ZIP: 170 San Marco Avenue
 St. Augustine, FL 32084

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME: Treasurer
 STREET ADDRESS: Richard Lewis
 CITY-ST-ZIP: 2 Sawgrass Village
 Ponte Vedra, FL 32083

TITLE: Change 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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/00

Date

Daytime Phone #

CH2E037 (9/99)