

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 22, 2000 8:00 am
Secretary of State

08-22-2000 90221 030 ****61.25

DOCUMENT # N97000005658

1. Entity Name
NONCOMMISSIONED OFFICERS' CLUB OF SAINT AUGUSTIN

R

Principal Place of Business Mailing Address
190 SAN MARCO AVE 190 SAN MARCO AVE
ST AUGUSTINE FL ST AUGUSTINE FL

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-3446036		Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				
		32084-2765					

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
WOODRUFF, WOODY 3703 BLUFF LANE ST AUGUSTINE FL				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 After September 13, 2000 min. will be \$236.25	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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	TD	<input checked="" type="checkbox"/> Delete		TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	QUINN, RAY A			NAME	Jeffery Thigpen		
STREET ADDRESS	1097 WINTERHAWK DR.			STREET ADDRESS	4313 Oak Lane		
CITY-ST-ZIP	ST. AUGUSTINE FL 32086			CITY-ST-ZIP	St. Augustine, FL 32086		
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE	SD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NESTER, DANIEL			NAME	Brenda A. Thigpen		
STREET ADDRESS	2284 TWIN FOX TRAILS			STREET ADDRESS	4313 Oak Lane		
CITY-ST-ZIP	ST. AUGUSTINE FL 32085			CITY-ST-ZIP	St. Augustine, FL 32086		
TITLE	SD	<input checked="" type="checkbox"/> Delete		TITLE	TD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCQUAIG, IRA E			NAME	Marlene J. Nichols		
STREET ADDRESS	112 MONRING VIEW PLACE			STREET ADDRESS	420 Shamrock Rd.		
CITY-ST-ZIP	ST. AUGUSTINE FL 32086			CITY-ST-ZIP	St. Augustine, FL 32086		
TITLE	D	<input type="checkbox"/> Delete		TITLE	VD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	WALER, JOHN			NAME	Marcus H. Barnes		
STREET ADDRESS	5385 PORTER RD EXT.			STREET ADDRESS	5280 Choctaw St.		
CITY-ST-ZIP	ST AUGUSTINE FL			CITY-ST-ZIP	St. Augustine, FL 32092		
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WOODRUFF, WOODY			NAME			
STREET ADDRESS	3703 BLUFF LANE			STREET ADDRESS			
CITY-ST-ZIP	ST AUGUSTINE FL			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: Marlene J. Nichols Date: 18 August 2000

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

CR2E037 (5/00)