

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

05-18-2001 91560 021 \*\*\*\*70.00

**DOCUMENT # N97000005658**

1. Entity Name

**NONCOMMISSIONED OFFICERS' CLUB OF SAINT AUGUSTIN**

Principal Place of Business

**190 SAN MARCO AVE  
 ST AUGUSTINE FL**

Mailing Address

**190 SAN MARCO AVE  
 ST AUGUSTINE FL**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3446036**

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

**WOODRUFF, WOODY  
 3703 BLUFF LANE  
 ST AUGUSTINE FL**

7. Name and Address of New Registered Agent

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

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 NAME	PD THIGPEN, JEFFERY	<input type="checkbox"/> Delete
STREET ADDRESS	4313 OAK LANE	
CITY-ST-ZIP	ST. AUGUSTINE FL 32086	
TITLE NAME	SD THIGPEN, BRENDA A	<input type="checkbox"/> Delete
STREET ADDRESS	4313 OAK LANE	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32086	
TITLE NAME	TD NICHOLS, MARLENE J	<input type="checkbox"/> Delete
STREET ADDRESS	420 SHAMROCK RD	
CITY-ST-ZIP	ST. AUGUSTINE FL 32086	
TITLE NAME	D WALER, JOHN	<input type="checkbox"/> Delete
STREET ADDRESS	5385 PORTER RD EXT.	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE NAME	D WOODRUFF, WOODY	<input type="checkbox"/> Delete
STREET ADDRESS	3703 BLUFF LANE	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE NAME	VD BARNES, MARCUS H	<input type="checkbox"/> Delete
STREET ADDRESS	5280 CHOCTAW ST	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32092	

TITLE NAME	T Beverly A. Todaro	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	424 Ocean Dr., St. Augustine, FL 32080	
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: **SIGNATURE REQUIRED**

CR2E037 (10/00)