

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90034 027 \*\*\*\*61.25

**DOCUMENT # N99000007490**

1. Entity Name

**ST. JOHNS COUNTY PAW PARK COMMITTEE, INC.**

Principal Place of Business

Mailing Address

85 CATALINA CIRCLE  
 ST. AUGUSTINE FL 32086

85 CATALINA CIRCLE  
 ST. AUGUSTINE FL 32086

2. Principal Place of Business

3. Mailing Address

**PO Box 861071**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**ST AUGUSTINE FL**

4. FEI Number

**59-3612590**

Applied For

Not Applicable

Zip

Country

Zip  
**32086**

Country

**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

**O'FARRELL, LEO F**  
**85 CATALINA CIRCLE**  
**ST. AUGUSTINE FL 32086**

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 **PD**  Delete  
 NAME **O'FARRELL, LEO F**  
 STREET ADDRESS **85 CATALINA CIRCLE**  
 CITY-ST-ZIP **ST. AUGUSTINE FL 32086**

TITLE **D**  Change  Addition  
 NAME **PAM ENG**  
 STREET ADDRESS **1 SILAGUNA TR**  
 CITY-ST-ZIP **ST AUGUSTINE, FL 32086**

TITLE **TD**  Delete  
 NAME **O'FARRELL, KATHLEEN**  
 STREET ADDRESS **85 CATALINA CIRCLE**  
 CITY-ST-ZIP **ST. AUGUSTINE FL 32086**

TITLE **D**  Change  Addition  
 NAME **SEANNETTE RIBACK**  
 STREET ADDRESS **5490 ATLANTIC VIEW**  
 CITY-ST-ZIP **ST AUGUSTINE, FL 32084**

TITLE **SD**  Delete  
 NAME **LONDON, BILLIE**  
 STREET ADDRESS **67 LEMON ST.**  
 CITY-ST-ZIP **ST. AUGUSTINE FL 32084**

TITLE **D**  Change  Addition  
 NAME **CINDY HARRISON**  
 STREET ADDRESS **5860 US 9 SOUTH**  
 CITY-ST-ZIP **ST AUGUSTINE, FL 32086**

TITLE **D**  Delete  
 NAME **BRIDSON, DON**  
 STREET ADDRESS **3605 CRAZY HORSE TRL**  
 CITY-ST-ZIP **ST. AUGUSTINE FL 32086**

TITLE **PE**  Change  Addition  
 NAME **LEO F. O'FARRELL**  
 STREET ADDRESS **85 CATALINA CIR**  
 CITY-ST-ZIP **ST AUGUSTINE, FL 32086**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **ST**  Change  Addition  
 NAME **KATHLEEN O'FARRELL**  
 STREET ADDRESS **85 CATALINA CIR**  
 CITY-ST-ZIP **ST AUGUSTINE, FL 32086**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Leo F. O'Farrell*  
**LEO F. O'FARRELL**

**4/5/00**

**904 794 4755**

CR2E037 (9/99)

**C0055924**



DO NOT WRITE IN THIS SPACE