

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

04-01-2002 90031 024 \*\*\*\*61.25

0058506

**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**

**PO BOX 861071  
 SAINT AUGUSTINE FL 32086**

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

**59-3612590**

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

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

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

TITLE: **DS**  Delete  
 NAME: **KUYKENDALL, PATRICIA**  
 STREET ADDRESS: **410 C-RACELIA**  
 CITY-ST-ZIP: **SAINT AUGUSTINE FL 32086**

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

TITLE: **D**  Delete  
 NAME: **ENE, PAM**  
 STREET ADDRESS: **151 LAGUNA TR**  
 CITY-ST-ZIP: **SAINT AUGUSTINE FL 32086**

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

TITLE: **D**  Delete  
 NAME: **HARRISON, CINDY**  
 STREET ADDRESS: **5860 US 1 SOUTH**  
 CITY-ST-ZIP: **SAINT AUGUSTINE FL 32086**

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

TITLE: **D**  Delete  
 NAME: **BENJAMIN, CHRIS**  
 STREET ADDRESS: **9 DAVIS ST**  
 CITY-ST-ZIP: **SAINT AUGUSTINE FL 32084**

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

TITLE: **D**  Delete  
 NAME: **SHERRYL SCHMICK**  
 STREET ADDRESS: **9 DAVIS ST**  
 CITY-ST-ZIP: **SAINT AUGUSTINE, FLORIDA 32084**

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

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:

*Leo F. Farrell*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*March 22, 2002*  
 DATE

*904 794-4755*  
 DAYTIME PHONE #

CR2E037 (9/01)