

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000008093

FILED
Jan 12, 2002 8:00 AM
Secretary of State

Entity Name: ST. AUGUSTINE-BARACOA FRIENDSHIP ASSOCIATION, INC.

Current Principal Place of Business:

PO BOX 861086
ST. AUGUSTINE, FL 32086

New Principal Place of Business:

Current Mailing Address:

PO BOX 861086
ST. AUGUSTINE, FL 32086

New Mailing Address:

FEI Number: 59-3675072

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCINTIRE, SALLY
7265 A1A SOUTH, APT. D-1
ST. AUGUSTINE, FL 32080 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: SCHULDAN, IVAN
Address: 5184 FREDORA AVE
City-St-Zip: ST. AUGUSTINE, FL 32586

Title: TD () Delete
Name: MCINTIRE, JO D.
Address: 7265 A1A SOUTH, APT. D-1
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: VD () Delete
Name: JONES, ALBERTO
Address: 1 BLACKFOOT CT.
City-St-Zip: PALM COAST, FL 32137

Title: D () Delete
Name: WEEKS, LEN
Address: 62 HYPOLITA ST.
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: SD () Delete
Name: MCINTIRE, SALLY
Address: 7265 A1A SOUTH, APT. D-1
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: PD () Delete
Name: DIXON, RONALD
Address: 2520 US 1 SOUTH
City-St-Zip: ST. AUGUSTINE, FL 32086

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SALLY MCINTIRE

SD

01/12/2002

Electronic Signature of Signing Officer or Director

Date