2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000006232

Entity Name: UF HISTORIC ST. AUGUSTINE, INC.

FILED Jan 10, 2015 **Secretary of State** CC3389045126

Current Principal Place of Business:

48 KING STREET **GOVERNMENT HOUSE** ST. AUGUSTINE, FL 32084

Current Mailing Address:

720 SW 2ND AVENUE UF HISTORIC ST AUGUSTINE, INC. SUITE 108 GAINESVILLE, FL 32601-6250 US

FEI Number: 27-4751236 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FORD, MICHAEL W **ROOM 123, TIGERT HALL** UNIVERSITY OF FLORIDA GAINESVILLE, FL 32611-3125 US

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

Officer/Director Detail:

Title Title DVC

Name LASTINGER, ALLEN Name HUNT, ROY

GOVERNMENT HOUSE, 48 KING Address Address **GOVERNMENT HOUSE, 48 KING**

STREET STREET

City-State-Zip: ST. AUGUSTINE FL 32084 City-State-Zip: ST. AUGUSTINE FL 32084

Title D Title D

Name DEAGAN, KATHLEEN Name GANNON, MICHAEL

Address **GOVERNMENT HOUSE, 48 KING** Address **GOVERNMENT HOUSE, 48 KING**

STREET STREET

City-State-Zip: ST. AUGUSTINE FL 32084 City-State-Zip: ST. AUGUSTINE FL 32084

Title Title TS

PONCE, DANIEL POPPELL, ED Name Name

720 SW 2ND AVENUE Address **GOVERNMENT HOUSE, 48 KING** Address SUITE 108

STREET

City-State-Zip: ST. AUGUSTINE FL 32084 City-State-Zip: GAINESVILLE FL 32601-6250

DIRECTOR DIRECTOR Title Title Name GONZALEZ, RICK Name PARKS, ARVA M Address 48 KING STREET Address 48 KING STREET

> **GOVERNMENT HOUSE GOVERNMENT HOUSE**

ST. AUGUSTINE FL 32084 ST. AUGUSTINE FL 32084 City-State-Zip: City-State-Zip:

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I hereby 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 all other like empowered.

SIGNATURE: ED POPPELL TREASURER/SECRETARY 01/10/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title DIRECTOR

Name PROCTOR, WILLIAM DR.

Address

48 KING STREET

GOVERNMENT HOUSE

City-State-Zip: ST. AUGUSTINE FL 32084

Title DIRECTOR

Name SLESNICK, DON

Address 48 KING STREET

GOVERNMENT HOUSE

City-State-Zip: ST. AUGUSTINE FL 32084

Title DIRECTOR

Name SHEPARD, HERSCHEL

Address 48 KING STREET

GOVERNMENT HOUSE

City-State-Zip: ST. AUGUSTINE FL 32084

Title DIRECTOR

Name RIVERS, LARRY DR.

Address 48 KING STREET

GOVERNMENT HOUSE

City-State-Zip: ST. AUGUSTINE FL 32084

Title DIRECTOR

Name UPCHURCH, TRACY

Address 48 KING STREET

GOVERNMENT HOUSE

City-State-Zip: ST. AUGUSTINE FL 32084