### 2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000006232

Entity Name: UF HISTORIC ST. AUGUSTINE, INC.

FILED
Jan 18, 2017
Secretary of State
CC1609788618

## **Current Principal Place of Business:**

48 KING STREET GOVERNMENT HOUSE ST. AUGUSTINE, FL 32084

# **Current Mailing Address:**

48 KING STREET GOVERNMENT HOUSE ST. AUGUSTINE, FL 32084 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	DCP	Title	DVC

Name LASTINGER, ALLEN Name HUNT, ROY

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 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 D Title TS

Name PONCE, DANIEL Name POPPELL, ED

Address GOVERNMENT HOUSE, 48 KING Address 48 KING STREET

STREET GOVERNMENT HOUSE

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

 Title
 DIRECTOR
 Title
 DIRECTOR

 Name
 GONZALEZ, RICK
 Name
 PARKS, ARVA M

 Address
 48 KING STREET
 Address
 48 KING STREET

GOVERNMENT HOUSE GOVERNMENT HOUSE

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

### Continues on page 2

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 MANAGER 01/18/2017

## Officer/Director Detail Continued:

ST. AUGUSTINE FL 32084

City-State-Zip:

Title DIRECTOR Title DIRECTOR

Name PROCTOR, WILLIAM DR. Name RIVERS, LARRY DR.

Address 48 KING STREET Address 48 KING STREET

GOVERNMENT HOUSE GOVERNMENT HOUSE

City-State-Zip:

ST. AUGUSTINE FL 32084

Title DIRECTOR Title DIRECTOR

Name SLESNICK, DON Name UPCHURCH, TRACY

Address 48 KING STREET Address 48 KING STREET

GOVERNMENT HOUSE GOVERNMENT HOUSE

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

Title DIRECTOR Title DIRECTOR

Name SHEPARD, HERSCHEL Name ROBINSON, WILLIAM

Address 48 KING STREET Address 48 KING STREET

GOVERNMENT HOUSE GOVERNMENT HOUSE

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

Title DIRECTOR Title DIRECTOR

Name FRANCIS, MICHAEL Name DEZERN, CRAIG

Address 48 KING STREET Address 48 KING STREET

GOVERNMENT HOUSE GOVERNMENT HOUSE

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