

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 700159

1. Entity Name

THE ST. AUGUSTINE ART ASSOCIATION

Principal Place of Business

22 MARINE ST
ST. AUGUSTINE FL 32084

Mailing Address

22 MARINE ST
ST. AUGUSTINE FL 32084

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

WALER, RICHARD L., JR.
864 WHITE EAGLE CIRCLE
ST. AUGUSTINE FL 32086

7. Name and Address of New Registered Agent

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

TITLE P
NAME ELLERT, ROBERT B. ☐ Delete
STREET ADDRESS 48 SEVILLA ST
CITY-ST-ZIP SAINT AUGUSTINE FL 32084-3536

TITLE VPD
NAME RASEY, GERALDINE ☐ Delete
STREET ADDRESS 308 3RD ST N BCH
CITY-ST-ZIP SAINT AUGUSTINE FL 32095-1312

TITLE S
NAME DEPASQUALE, SHIRLEY ☐ Delete
STREET ADDRESS 5500 ATLANTIC VIEW
CITY-ST-ZIP ST. AUGUSTINE FL 32084

TITLE T
NAME WALER, RICHARD L. ☐ Delete
STREET ADDRESS 864 WHITE EAGLE CIRCLE
CITY-ST-ZIP ST. AUGUSTINE FL

TITLE D
NAME SPENCE, CABLE ☐ Delete
STREET ADDRESS 445 BAY POINT WAY N
CITY-ST-ZIP JACKSONVILLE FL 32259-7908

TITLE D
NAME MCCALL, KEITH ☐ Delete
STREET ADDRESS 30 RHODE AVE
CITY-ST-ZIP ST. AUGUSTINE FL 32084

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Change ☐ Addition
NAME BIll Green
STREET ADDRESS 1020 Oakridge RD.
CITY-ST-ZIP St. Augustine, FL 32086-4324

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

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

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
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 attached schedule, with all prior like amendments.

SIGNATURE: Shirley DePasquale, Secretary, Director 1-8-2001
KAY BURTON, Executive Dir. 1-4-01 904 824-2310

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90073 036 ****70.00

00008014



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0719524 ☐ Applied For
☒ Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

CR2E037 (10/00)

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