

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 703508

1. Entity Name

ST. AUGUSTINE FOUNDATION, INC.

FILED
Sep 05, 2000 8:00 am
Secretary of State

09-05-2000 90028 020 ****61.25

Principal Place of Business

20 VALENCIA ST.
P.O. BOX 1027
ST. AUGUSTINE FL 32085-8027

Mailing Address

20 VALENCIA ST.
P.O. BOX 1027
ST. AUGUSTINE FL 32085-8027

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

59-6152316

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAILEY, JOHN D., JR.
780 N. PONCE DE LEON BLVD.
ST. AUGUSTINE FL 32085-0007

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
After September 13, 2000 min. will be \$236.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PCD
PROCTOR, WILLIAM L.
410 CAMELIA TRAIL
ST. AUGUSTINE FL

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
YOUNG, JOAN B.
207 CARVER ST
ST AUGUSTINE, FL 00000

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
UPCHURCH, FRANK D., JR.
545 GARCABA ROAD
ST. AUGUSTINE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
3708 WATERWAY CT.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BAILEY, JOHN D
47 AVISTA CIRCLE
ST AUGUSTINE, FL 00000

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
RUSSOM, KENNETH
4002 MOULTRIE FORESIDE BLVD
ST. AUGUSTINE FL 32086

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
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:

Kenneth Russom
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/30/00

Date

9048296481X230

Daytime Phone #

CR2E037 (5/00)