

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 712913

1. Entity Name

UNITED WAY OF ST. JOHNS COUNTY, INC.

FILED

May 05, 2002 8:00 am  
Secretary of State

05-05-2002 90053 014 \*\*\*\*61.25

Principal Place of Business

Mailing Address

117 BRIDGE ST  
ST. AUGUSTINE FL 32084  
US

PO BOX 625  
ST. AUGUSTINE FL 32085  
US

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

59-6018986

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 BL  
ST AUGUSTINE FL 32084

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME SHRADE R, GLENN  
STREET ADDRESS 1795 US 1 S  
CITY-ST-ZIP ST. AUGUSTINE FL 32086 ☐ Delete

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

TITLE VD  
NAME TONER, DAVID  
STREET ADDRESS 40 ORANGE ST.  
CITY-ST-ZIP ST. AUGUSTINE FL 32084 ☒ Delete

TITLE VD  
NAME BELK, ARTHUR  
STREET ADDRESS 117 BRIDGE ST.  
CITY-ST-ZIP ST. AUGUSTINE, FL 32084 ☐ Change ☒ Addition

TITLE VD  
NAME UPCHURCH, KRAMER  
STREET ADDRESS 1795 US 1 S.  
CITY-ST-ZIP ST. AUGUSTINE FL 32086 ☐ Delete

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

TITLE TD  
NAME MYERS, VERNON  
STREET ADDRESS 117 BRIDGE ST  
CITY-ST-ZIP ST. AUGUSTINE FL 32084 ☐ Delete

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

TITLE S  
NAME BREIDENSTEIN, ANN H.  
STREET ADDRESS 117 BRIDGE STREET  
CITY-ST-ZIP ST. AUGUSTINE FL ☐ 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: *Ann H. Breidenstein*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/02 904-829-9721

Date Daytime Phone #

CR2E037 (9/01)