

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 718738

1. Entity Name

ALTRUSA CLUB OF ST. AUGUSTINE, INC.

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90391 036 \*\*\*\*61.25

Principal Place of Business

Mailing Address

31 ST. FRANCIS STREET  
P.O. BOX 3372  
ST. AUGUSTINE FL 32084

31 ST. FRANCIS STREET  
P.O. BOX 3372  
ST. AUGUSTINE FL 32084-5022



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6150976

Applied For

Not Applicable

Zip

Country

Zip

Country

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

L'ENGLE SEARS, MARY  
714 SACO COURT  
ST. AUGUSTINE FL 32086

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

*Mary C. Paul*

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	D	<input type="checkbox"/> Delete
NAME	PLANT, CHRISTINE	
STREET ADDRESS	700 W. POPE RD. #L91	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WATTS, NANCY	
STREET ADDRESS	643 NIEVES LANE	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SELLNER, VICKI	
STREET ADDRESS	60 COMARES AVE.	
CITY-ST-ZIP	ST AUGUSTINE FL 32084	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MILAR, MARY ANN	
STREET ADDRESS	656 CHRISTINA DRIVE	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	BOWMAN	<input type="checkbox"/> Delete
NAME	BOWMAN, LOUISE A	
STREET ADDRESS	180 SO ONEIDES ST	
CITY-ST-ZIP	ST.AUGUSTINE FL 32084	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Mary Paul	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Leles Broward	
STREET ADDRESS	St Aug Fl 32095	
CITY-ST-ZIP	Treasurer	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 attachment with an address, with all other like empowered.

SIGNATURE:

*Mary C. Paul*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)