

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 718738**

1. Entity Name

ALTRUSA CLUB OF ST. AUGUSTINE, INC.**FILED**
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90330 014 *****61.25

00077 9

Principal Place of Business

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

Mailing Address

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

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

59-6150976

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**L'ENGLE SEARS, MARY
714 SACO COURT
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 **D** ☐ Delete
NAME **PLANT, CHRISTINE**
STREET ADDRESS **700 W. POPE RD. #L91**
CITY-ST-ZIP **ST. AUGUSTINE FL 32084**TITLE **T** ☐ Delete
NAME **PAUL, MARY**
STREET ADDRESS **6665 BROWN RD**
CITY-ST-ZIP **ST AUGUSTINE FL**TITLE **PD** ☐ Delete
NAME **SELLNER, VICKI**
STREET ADDRESS **60 COMARES AVE.**
CITY-ST-ZIP **ST AUGUSTINE FL 32084**TITLE **T** ☐ Delete
NAME **BOWMAN, LOUISE A**
STREET ADDRESS **180 SO ONEIDES ST**
CITY-ST-ZIP **ST.AUGUSTINE FL 32084**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)