

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90168 033 \*\*\*\*61.25

**DOCUMENT # 720457**

1. Entity Name

**ST. AUGUSTINE SHORES SERVICE CORPORATION**

Principal Place of Business

790 CHRISTINA DR.  
 ST AUGUSTINE FL 32086

Mailing Address

790 CHRISTINA DR.  
 ST AUGUSTINE FL 32086-7659

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

**59-1385598**

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

**JOCKERS, RONALD F**  
**2208 TWIN FOX TRAIL**  
**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

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>HILL, RAYMOND</b> <b>726 SACO COURT</b> <b>ST AUGUSTINE FL 32086</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HINMAN, JACK</b> <b>19 ALEDO COURT</b> <b>ST AUGUSTINE FL 32086</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TARRANT, ROBERT</b> <b>1093 A1A BEACH BLVD, SUITE 394</b> <b>ST AUGUSTINE FL 32084</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MILLER, BERT</b> <b>394 CASSANDRA LANE</b> <b>ST. AUGUSTINE FL 32086</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>WATSON, JOE</b> <b>209 ALCALA DRIVE</b> <b>ST. AUGUSTINE FL 32086</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP P</b> <b>VAN PELT, WILLIS</b> <b>669 BAHIA COURT</b> <b>ST. AUGUSTINE FL 32086</b> <input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>Racicot, Paul</b> <b>652 Christina Drive</b> <b>St. Augustine, FL 32086</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>Scott, Wesley</b> <b>758 Medina Avenue</b> <b>St. Augustine, FL 32086</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>Smith, Derrick</b> <b>422 Cassandra Lane</b> <b>St. Augustine, FL 32086</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Esser, Rudolph</b> <b>833 Rita Circle</b> <b>St. Augustine, FL 32086</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Reny, Norman</b> <b>910 Alcala Drive</b> <b>St. Augustine, FL 32086</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Hankerson, CLarence</b> <b>1040 Greco Road</b> <b>St. Augustine, FL 32086</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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 REQUIRED**

**Willis Van Pelt, President 1/6/00 (904)797-6441**

CR2E037 (9/99)