

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 727044

1. Entity Name

THE FAIRVIEW CONDOMINIUM OF ST. AUGUSTINE SHORES

FILED
Aug 15, 2000 8:00 am
Secretary of State

08-15-2000 90018 040 ****61.25

Principal Place of Business

Mailing Address

600 DOMENICO CIRCLE
SAINT AUGUSTINE FL 32086

600 DOMENICO CIRCLE
ST AUGUSTINE FL 32086
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1874119

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

SMITH, III J
242 DELTONA BLVD
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 type 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 VP
NAME PATTERSON, JOHN L
STREET ADDRESS 600 DOMENICO CIRCLE
CITY-ST-ZIP ST.AUGUSTINE FL

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE S
NAME LOCKWOOD, ELLIS A
STREET ADDRESS 600 DOMENICO CIRCLE
CITY-ST-ZIP ST.AUGUSTINE FL

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE PD
NAME SEIFRIED, ERNEST
STREET ADDRESS 600 DOMENICO CIRCLE
CITY-ST-ZIP ST.AUGUSTINE FL

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE T
NAME MIKESELL, CHARLES
STREET ADDRESS 600 DOMENICO CIRCLE
CITY-ST-ZIP ST. AUGUSTINE FL

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE D
NAME KALMBACHER, NANCY
STREET ADDRESS 600 DOMENICO CIRCLE
CITY-ST-ZIP ST.AUGUSTINE FL

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE D
NAME ADAWAY, AUDREY
STREET ADDRESS 600 DOMENICO CIRCLE G-05
CITY-ST-ZIP ST. AUGUSTINE FL

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 7-13-2000 Daytime Phone # 727 1573

CR2E037 (5/00)