

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90099 035 \*\*\*\*61.25

DOCUMENT # 727221

1. Entity Name

ST. AUGUSTINE SHORES CIVIC ASSOCIATION, INC.

Principal Place of Business

Mailing Address

790 CHRISTINA BLVD  
 ST. AUGUSTINE FL 32086  
 U.S.

P.O. BOX 861042  
 ST. AUGUSTINE FL  
 32086-1042 USA

C0072842

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

H. DOUGLAS MCLEOD  
 1048 ESPINADO  
 ST. AUGUSTINE FL 32086

Name  
 H. DOUGLAS MCLEOD  
 Street Address (P.O. Box Number is Not Acceptable)  
 1048 ESPINADO AVE  
 City ST. AUGUSTINE FL Zip Code 32086

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

H. Douglas McLeod H. DOUGLAS MCLEOD  
 Signature, typed or printed name of registered agent and title if applicable. President

4-17-00  
 DATE

NOW

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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		PD H. DOUGLAS MCLEOD 1048 ESPINADO AVE. ST. AUGUSTINE FL 32086	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		VD LEO O'FARRELL 85 CATALINA CIRCLE ST. AUGUSTINE FL. 32086	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		SD CHRISTINE PRICE 426 GRACIELA CIRCLE ST. AUGUSTINE FL. 32086	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		TD ELIZABETH KURTZ 520 DEMENIGO CIRCLE ST. AUGUSTINE FL 32086	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

H. Douglas McLeod H. DOUGLAS MCLEOD President  
 4-17-00 904-797-6558

CR2E037 (9/99)