

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 727221

1. Entity Name

ST. AUGUSTINE SHORES CIVIC ASSOCIATION, INC

FILED
Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90073 041 ****61.25

0007338

Principal Place of Business

790 CRISTINA BLVD
ST. AUGUSTINE FL 32086
US

Mailing Address

PO BOX 861042
ST. AUGUSTINE FL 32086-1042
US

00033110



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

59-1735713

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

MCCLEOD, DOUGLAS H
1048 ESPINADO AVE
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

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

PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

MAY 1, 2001

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 PD
NAME MCLEOD, DOUG
STREET ADDRESS 1048 ESPINADO AVE
CITY-ST-ZIP ST. AUGUSTINE FL 32086 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE TD
NAME KURTZ, ELIZABETH
STREET ADDRESS 520 DOMENCO CIR
CITY-ST-ZIP ST AUGUSTINE FL 32086 ☒ Delete

TITLE T/D
NAME RON PRICE NOR
STREET ADDRESS 639 ALEIDA DR.
CITY-ST-ZIP ST. AUGUSTINE FL. 32086 ☒ Change ☐ Addition

TITLE SD
NAME PRICE, CHRISTINE
STREET ADDRESS 426 GRACIELA CIR
CITY-ST-ZIP SAINT AUGUSTINE FL 32086 ☐ Delete

TITLE D
NAME EVELYN MCCANN
STREET ADDRESS 1067 ESPINADO AVE.
CITY-ST-ZIP ST. AUGUSTINE, FL. 32086 ☐ Change ☒ Addition

TITLE V/D
NAME Leo O'FARRELL
STREET ADDRESS 85 CATALINA CIR
CITY-ST-ZIP ST. AUGUSTINE, FL 32086 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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:

H. Douglas McLeod
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)