

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 727221

1. Entity Name

ST. AUGUSTINE SHORES CIVIC ASSOCIATION, INC

Principal Place of Business

Mailing Address

790 CRISTINA BLVD  
ST. AUGUSTINE FL 32086  
US

PO BOX 861042  
ST. AUGUSTINE FL 32086-1042  
US

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

59-1735713

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

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

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

TITLE VD ☐ Change ☒ Addition  
NAME CATHERINE GREXA  
STREET ADDRESS 548 DOMENICO CIRCLE  
CITY-ST-ZIP ST AUGUSTINE, FL. 32086

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

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

TITLE TD ☐ Delete  
NAME PRICENOR, RON  
STREET ADDRESS 639 ALEIDA DR  
CITY-ST-ZIP SAINT AUGUSTINE FL 32086

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

TITLE D ☐ Delete  
NAME MCCANN, EVELYN  
STREET ADDRESS 1067 ESPINADO AVE  
CITY-ST-ZIP SAINT AUGUSTINE FL 32086

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

TITLE VD ☒ Delete  
NAME O'FARRELL, LEO  
STREET ADDRESS 85 CATALINA CIRCLE  
CITY-ST-ZIP SAINT AUGUSTINE FL 32086

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ 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: *H. Douglas McLeod* H. Douglas McLeod Pres. 2/8/02 904-797-6558  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)