

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2002 8:00 am**  
**Secretary of State**

02-26-2002 90078 019 \*\*\*\*61.25

1008088

**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

4. FEI Number

**59-1735713**

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

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

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

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **VD 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 #

CR2E037 (9/01)