

2000 UNIFORM BUSINESS REPORT (UBR)

4/12/00-90180-030-\$61.25-\$61.25

DOCUMENT # 740960

FILED

1. Entity Name

JUNIOR WOMAN'S CLUB OF ST. AUGUSTINE, INC.

00 MAY -2 AM 9:55

Principal Place of Business

Mailing Address

109 FERROL ROAD
ST. AUGUSTINE, FL. 32092
US

109 FERROL ROAD, P.O. Box 3925
ST. AUGUSTINE, FL. 32085
US

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

59-1817881

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

~~MONSON, LORI L~~
~~74 WILLOW ROAD~~
~~ST. AUGUSTINE FL 32084~~

Siefker, Schuyler
704 Alden Way
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 *Schuyler Schuyler*

5/8/00

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
NAME TIMMONS, SUSAN
STREET ADDRESS 109 FERROL ROAD
CITY-ST-ZIP ST. AUGUSTINE FL 32092
 Delete
Director

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change Addition

TITLE V
NAME SIEFKER, SCHUYLER
STREET ADDRESS 704 ALDEN WAY
CITY-ST-ZIP ST. AUGUSTINE FL 32086
 Delete
Director

TITLE
NAME KARI
STREET ADDRESS 110 B 1st St.
CITY-ST-ZIP ST. AUGUSTINE, FL. 32084
 Change Addition
Director

TITLE S
NAME FLINT, POLLY
STREET ADDRESS 3119-B COASTAL HIGHWAY
CITY-ST-ZIP ST. AUGUSTINE FL 32095
 Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change Addition

TITLE TD
NAME MONSON, LORI L
STREET ADDRESS 74 WILLOW ROAD
CITY-ST-ZIP ST AUGUSTINE FL 32084
 Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change Addition

TITLE D
NAME CASCADDEN, DEB
STREET ADDRESS 702 ALICANTE ROAD
CITY-ST-ZIP ST AUGUSTINE FL 32086
 Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 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 817, 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: *Schuyler Schuyler*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/00 904-829-1770
Date Daytime Phone #

CR2E037 (9/99)