

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Sep 10, 2001 08:00 AM**
Secretary of State**DOCUMENT # 746868**1. Entity Name
ST. JOHN'S COUNTY AUDOBON SOCIETY, INC.Principal Place of Business
KING ST
BOX 965
ST. AUGUSTINE FL 320850965
Mailing Address
KING ST
BOX 965
ST. AUGUSTINE FL 320850965

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
59-3329771
Applied For
Not Applicable5. 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

WEBBER JOHN J
1033 PRINCE RD
ST AUGUSTINE FL 32806 US
Name
CHAREST BERT
Street Address (P.O. Box Number is Not Acceptable)
110 NEPTUNE ROAD
City
ST AUGUSTINE FL Zip Code
32806

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 **BERT CHAREST, VICE PRESIDENT****09/10/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

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	D	☐ Delete	TITLE	D	☒ Change	☐ Addition
NAME	STOLL DR. ROBERT P		NAME	STOLL DR. ROBERT P		
STREET ADDRESS	19 LITTLE BAY HARBOR		STREET ADDRESS	19 LITTLE BAY HARBOR		
CITY-ST-ZIP	PONTE VEDRA BEACH FL		CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082		
TITLE	S	☐ Delete	TITLE	V	☒ Change	☐ Addition
NAME	WEBBER JOHN J		NAME	CHAREST BERT		
STREET ADDRESS	1033 PRINCE RD		STREET ADDRESS	110 NEPTUNE ROAD		
CITY-ST-ZIP	ST. AUGUSTINE FL		CITY-ST-ZIP	ST. AUGUSTINE FL 32086		
TITLE	D	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	MORGAN AMANDA		NAME			
STREET ADDRESS	330 MARSHSIDE DR N		STREET ADDRESS			
CITY-ST-ZIP	ST AUGUSTINE FL 32084		CITY-ST-ZIP			
TITLE	D	☐ Delete	TITLE	D	☒ Change	☐ Addition
NAME	MARTIN SACHA		NAME	MARTIN SACHA		
STREET ADDRESS	133 COASTAL HOLLOW CIR		STREET ADDRESS	133 COASTAL HOLLOW CIR		
CITY-ST-ZIP	ST. AUGUSTINE FL 32095		CITY-ST-ZIP	ST. AUGUSTINE FL 32095		
TITLE	P	☐ Delete	TITLE	D	☒ Change	☐ Addition
NAME	VAN GHENT ROGER		NAME	VAN GHENT ROGER		
STREET ADDRESS	4005 MOULTRIE FORESIDE BLVD.		STREET ADDRESS	4005 MOULTRIE FORESIDE BLVD.		
CITY-ST-ZIP	ST. AUGUSTINE FL		CITY-ST-ZIP	ST. AUGUSTINE FL 32086		
TITLE	D	☐ Delete	TITLE	D	☒ Change	☐ Addition
NAME	MCQUILKIN WILLIAM WJR.		NAME	MCQUILKIN WILLIAM WJR.		
STREET ADDRESS	225 LAMPLIGHTER LN		STREET ADDRESS	225 LAMPLIGHTER LN		
CITY-ST-ZIP	PONTE VEDRA BEACH FL		CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: **BERT CHAREST**

V

09/10/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)

SEEDS, LUCY DIRECTOR
144 CATTAIL CIRCLE

JACKSONVILLE, FL 32259 USA

RAUCH, LARRY DIRECTOR
1594 SANTA MARIE COURT

ST. AUGUSTINE, FL 32084 USA

LYNN, YVETTE TREASURER
6416 SHERRY LANE

ST. AUGUSTINE, FL 32095 USA

BEATTIE, DON DIRECTOR
808 MILL POND COURT

JACKSONVILLE, FL 32259 USA

ADAMS, MIKE PRESIDENT
2425 CR 13 S

ELKTON, FL 32033 USA