

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90097 001 ****61.25

DOCUMENT # 762317

1. Entity Name

CAPTAINS' QUARTERS OF ST. AUGUSTINE BEACH CONDOM

Principal Place of Business

Mailing Address

1 DONDANVILLE RD.
 ST. AUGUSTINE FL ~~32084~~ 32080

1 DONDANVILLE RD.
 ST. AUGUSTINE FL ~~32084~~ 32080

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

59-2217514

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

FILES, DONALD R
 1 DONDANVILLE RD.
 ST AUGUSTINE FL ~~32084~~ 32080

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 MAYO, WAYNE
 STREET ADDRESS 14128 TONTINE RD
 CITY-ST-ZIP JACKSONVILLE FL ~~32204~~ 32225

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VD Delete
 NAME NADEAU, ROGER
 STREET ADDRESS 1 DONDANVILLE RD., #114
 CITY-ST-ZIP ST. AUGUSTINE FL ~~32084~~ 32080

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D Delete
 NAME FLANAGAN, THERESA
 STREET ADDRESS 1 DONDANVILLE ROAD, #217
 CITY-ST-ZIP ST AUGUSTINE FL ~~32084~~ 32080

TITLE Change Addition
 NAME **D. FILES, MARJORIE**
 STREET ADDRESS **1 DONDANVILLE RD. #216**
 CITY-ST-ZIP **ST. AUGUSTINE, FL 32080**

TITLE T Delete
 NAME KING, PETER
 STREET ADDRESS 1 DONDANVILLE RD. #306
 CITY-ST-ZIP SAINT AUGUSTINE FL ~~32084~~ 32080

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE S Delete
 NAME WARIS, LOUISE
 STREET ADDRESS 1 DONDANVILLE RD. #101
 CITY-ST-ZIP SAINT AUGUSTINE FL ~~32084~~ 32080

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:

Marjorie Files
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904 471 0712 4/19/01
 Date Daytime Phone #

CR2E037 (10/00)