

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # C10352

1. Entity Name

THE CATHOLIC DAUGHTERS CLUB OF ST. AUGUSTINE, IN

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90054 022 \*\*\*\*61.25

Principal Place of Business

124 KING ST.  
ST. AUGUSTINE FL 32084

Mailing Address

52 GROVE AVENUE  
ST AUGUSTINE FL 32084-3256

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7177253

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

HARTLEY, MARY LOU  
52 GROVE AVE.  
ST. AUGUSTINE FL 32084

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PCT  
HARTLEY, MARY LOU  
52 GROVE AVE.  
ST. AUGUSTINE FL 32084 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D DE GRANDE, BENA  
64 FULLERWOOD DR.  
ST. AUGUSTINE, FL 32095 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
USINA, SOPHIE  
320 INDIAN BEND RD  
ST. AUGUSTINE FL 32095 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D HOPKINS, MARGARET  
110 OCEAN HOLLOW LANE  
ST. AUGUSTINE, FL 32095 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
REYES, DOROTHY  
34 HOPE ST  
ST. AUGUSTINE FL 32084 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D MEEKS, EDELEEN  
1072 STATE ROAD 16  
ST. AUGUSTINE, FL 32095 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
WEBB, JEAN  
248 ESTRADA AVE.  
ST. AUGUSTINE FL 32095 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D WOLDYLA, DORIS  
110 OCEAN HOLLOW LANE  
ST. AUGUSTINE FL 32095 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
WEBB, MARY PAT  
248 ESTRADA AVE.  
ST. AUGUSTINE FL 32095 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D ANTONIC, VIOLET  
3 NAYARRA COURT  
ST. AUGUSTINE, FL 32086 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
PRINGLE, VERA  
8400 U.S. 1 SOUTH  
ST. AUGUSTINE FL 32086 ☐ 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 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:

*Mary Lou Hartley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*May 12, 2000*  
Date

*904-829-4630*  
Daytime Phone #

CR2F037 (9/99)