## **2001 UNIFORM BUSINESS REPORT (UBR)**

## FILED Apr 18, 2001 8:00 am Secretary of State DOCUMENT # C10352 1. Entity Name THE CATHOLIC DAUGHTERS CLUB OF ST. AUGUSTINE, IN 04-18-2001 90012 028 \*\*\*\*61 Principal Place of Business Mailing Address 124 KING ST. 52 GROVE AVENUE ST AUGUSTINE FL 32084 ST. AUGUSTINE FL 32084 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 23-7177253 Not Applicable \$8.75 Additional Zip Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) HARTLEY, MARY LOU 52 GROVE AVE. ST. AUGUSTINE FL 32084 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. $\Box$ Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Change X Addition PCT ☐ Delete TITLE TITLE DEGRANDE, LENA 44 Fuller 200 d DR HARTLEY, MARY LOU NAME NAME STREET ADDRESS 52 GROVE AVE. STREET ADDRESS St Augustine, Fl. 32095 CITY-ST-7/P ST. AUGUSTINE FL 32084 CITY-ST-ZIP ✓ Addition $\mathfrak{D}$ ☐ Change TITLE ☐ Delete TITLE DORIS WOJDY/A USINA, SOPHIE NAME NAME 110 OCEAN HOLOW WANE Apt 200 STREET ADDRESS STREET ADDRESS 320 INDIAN BEND RD St Augustine, Fl. 32085 CITY-ST-7IP CITY-ST-ZIP ST. AUGUSTINE FL 32095 D ☐ Change Addition ☐ Delete TITLE TITI F EdelEEN MEEKS REYES, DOROTHY NAME NAME 1072 State Road 16 STREET ADDRESS STREET ADDRESS 34 HOPE ST St. AugustiNE, Fl. 32095 CITY-ST-ZIE CITY-ST-ZIP ST. AUGUSTINE FL 32084 DMARGARET HOPKINS 110 OCEAN HollOW LANE TITLE ☐ Change Addition ☐ Delete WEBB, JEAN NAME STREET ADDRESS 248 ESTRADA AVE. STREET ADDRESS St. Augustine, Fl 32095 CITY-ST-7IP CITY-ST-ZIP ST. AUGUSTINE FL 32095 Addition ☐ Delete TITLE $\odot$ Change WEBB, MARY PAT NAME NAMÉ STREET ADDRESS STREET ADDRESS 248 ESTRADA AVE. CITY-ST-ZIP CITY-ST-ZIP ST. AUGUSTINE FL 32095 ☐ Delete TITLE ☐ Addition PRINGLE, VERA NAME NAME STREET ADDRESS 8400 U.S. 1 SOUTH STREET ADDRESS CITY-ST-ZIP ST. AUGUSTINE FL 32086 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.