

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90057 043 ****61.25

DOCUMENT # C10352

1. Entity Name

THE CATHOLIC DAUGHTERS CLUB OF ST. AUGUSTINE, IN C.

Principal Place of Business

Mailing Address

**124 KING ST.
ST. AUGUSTINE FL 32084**

**52 GROVE AVENUE
ST AUGUSTINE FL 32084**

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

23-7177253

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

**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

Mary Lou Hartley, PCT
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	PCT	<input type="checkbox"/> Delete
NAME	HARTLEY, MARY LOU	
STREET ADDRESS	52 GROVE AVE.	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	
TITLE	D	<input type="checkbox"/> Delete
NAME	USINA, SOPHIE	
STREET ADDRESS	320 INDIAN BEND RD	
CITY-ST-ZIP	ST. AUGUSTINE FL 32095	
TITLE	D	<input type="checkbox"/> Delete
NAME	REYES, DOROTHY	
STREET ADDRESS	34 HOPE ST	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEBB, JEAN	
STREET ADDRESS	248 ESTRADA AVE.	
CITY-ST-ZIP	ST. AUGUSTINE FL 32095	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEBB, MARY PAT	
STREET ADDRESS	248 ESTRADA AVE.	
CITY-ST-ZIP	ST. AUGUSTINE FL 32095	
TITLE	D	<input type="checkbox"/> Delete
NAME	PRINGLE, VERA	
STREET ADDRESS	8400 U.S. 1 SOUTH	
CITY-ST-ZIP	ST. AUGUSTINE FL 32086	

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARGARET HOPKINS	
STREET ADDRESS	110 OCEAN HOLLOW LN	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32095	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LENA DEGRANDE	
STREET ADDRESS	64 FULLERWOOD DR.	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32095	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDOLEEN MEEKS	
STREET ADDRESS	1072 STATE RD 16	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32095	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DORIS WOJCYLA	
STREET ADDRESS	110 OCEAN HOLLOW LANE	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32095	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Mary Lou Hartley (MARY LOU HARTLEY) 01/15/02 904-829-6630
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)