

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K70071

1. Entity Name

TE-B-CO. OF ST. AUGUSTINE

FILED
Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90056 036 ***150.00

Principal Place of Business

Mailing Address

170 SAN MARCO AVE
ST. AUGUSTINE FL 32084
US

170 SAN MARCO AVE
ST. AUGUSTINE FL 32084-2732
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3042557**

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

WETTACH, JAMES C
170 SAN MARCO 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

02/09/00

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	WETTACH, JAMES C	
STREET ADDRESS	170 SAN MARCO AVE.	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	
TITLE	ST	<input type="checkbox"/> Delete
NAME	B.J. TEBALDT	
STREET ADDRESS	170 SAN MARCO AVE.	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	
TITLE	GM	<input type="checkbox"/> Delete
NAME	DEETER, HERB	
STREET ADDRESS	170 SAN MARCO AVE	
CITY-ST-ZIP	ST AUGUSTINE FL 32084	
TITLE	VP	<input type="checkbox"/> Delete
NAME	POMAR, MARGO M	
STREET ADDRESS	170 SAN MARCO AVE	
CITY-ST-ZIP	ST AUGUSTINE FL 32084	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

02/09/00 904-829-1718

CR2E034 (9/99)