

DOCUMENT # N00000000064

1. Entity Name

FILM SOCIETY OF ST. AUGUSTINE, INC.

Principal Place of Business

Mailing Address

3930Y COASTAL HWY.
ST. AUGUSTINE FL 32095

3930Y COASTAL HWY.
ST. AUGUSTINE FL 32095

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

59-3623990

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

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	CHASTAIN, JAMES	
STREET ADDRESS	3930Y COASTAL HWY.	
CITY-ST-ZIP	ST. AUGUSTINE FL 32095	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SANTAS, CONSTANTINE	
STREET ADDRESS	3930Y COASTAL HWY.	
CITY-ST-ZIP	ST. AUGUSTINE FL 32095	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CHASTAIN, ELEANOR	
STREET ADDRESS	3930Y COASTAL HWY.	
CITY-ST-ZIP	ST. AUGUSTINE FL 32095	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACK BUCKLEY	
STREET ADDRESS	56 DUFFERIN ST	
CITY-ST-ZIP	ST AUGUSTINE, FL 32084	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN REARDON	
STREET ADDRESS	2123 VISTA COVERD	
CITY-ST-ZIP	ST AUGUSTINE, FL 32084	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LINDA ANDERSON	
STREET ADDRESS	112 SEYCHELLES DR	
CITY-ST-ZIP	ST AUGUSTINE, FL 32084	

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: JAMES CHASTAIN

1/5/01

(904) 823-9969

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 08, 2001 8:00 am
Secretary of State

01-08-2001 90054 030 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)