

2002 UNIFORM BUSINESS REPORT (UBR)

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

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

BOLES, JOSEPH L JR.
120 CHARLOTTE ST.
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 JOSEPH L BOLES, JR

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 PD
NAME CHASTAIN, JAMES
STREET ADDRESS 3930Y COASTAL HWY.
CITY-ST-ZIP ST. AUGUSTINE FL 32095 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD
NAME SANTAS, CONSTANTINE
STREET ADDRESS 3930Y COASTAL HWY.
CITY-ST-ZIP ST. AUGUSTINE FL 32095 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD
NAME CHASTAIN, ELEANOR
STREET ADDRESS 3930Y COASTAL HWY.
CITY-ST-ZIP ST. AUGUSTINE FL 32095 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME BUCKLEY, JACK
STREET ADDRESS 56 DUFFERIN ST
CITY-ST-ZIP SAINT AUGUSTINE FL 32084 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME REARDON, JOHN
STREET ADDRESS 2123 VISTA COVE RD
CITY-ST-ZIP SAINT AUGUSTINE FL 32084 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME ANDERSON, LINDA
STREET ADDRESS 112 SEYCHELLES DR
CITY-ST-ZIP SAINT AUGUSTINE FL 32084 ☐ 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:

JOSEPH L BOLES, JR JAMES CHASTAIN

1/10/02 (904) 823-9969

CR2E037 (9/01)



DO NOT WRITE IN THIS SPACE