

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N00000006007**

1. Entity Name

**INDEPENDENT ST. AUGUSTINE RESTAURANT &  
TAVERN OWNERS ASSOCIATION, INC.**



Principal Place of Business

**57 COMARES AVE.  
ST. AUGUSTINE, FL 32080**

Mailing Address

**57 COMARES AVE.  
ST. AUGUSTINE, FL 32080**



04232004 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**59-3676757**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**MCLEOD, II, ROBERT L  
43 CINCINNATI AVE.  
ST. AUGUSTINE, FL 32084**

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

05/03/04-80055-002 61.25

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DP  
PONCE, DAVID  
57 COMARES AVE.  
ST. AUGUSTINE, FL 32080**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DST  
CARSON, DIANE  
44 AVENIDA MENENDEZ  
ST. AUGUSTINE, FL 32084**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
BECK, ART  
19 1/2 ST. GEORGE ST.  
ST. AUGUSTINE, FL 32084**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
LEONARD, TONI  
124 CHARLOTTE ST.  
ST. AUGUSTINE, FL 32084**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-2004

Date

904/829-8646

Daytime Phone #