

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Aug 21, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # N00000006606****1. Entity Name**  
**ST. AUGUSTINE AMPHITHEATRE FOUNDATION, INC.**

<b>Principal Place of Business</b> HIGHWAY A1A  ST AUGUSTINE FL 32084	<b>Mailing Address</b> 88 RIBERIA ST SUITE 400  ST AUGUSTINE FL 32084
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**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**4. FEI Number**  
**59-3674978**

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****HASTINGS GLEN**  
**88 RIBERIA ST SUITE 400****ST AUGUSTINE FL**  
**32084 US****Name**  
**HASTINGS GLENN****Street Address (P.O. Box Number is Not Acceptable)**  
**88 RIBERIA ST SUITE 400****City**  
**ST AUGUSTINE FL** **Zip Code**  
**32084****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 GLENN L. HASTINGS****08/21/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

**FILE NOW:**  
**FEE IS \$61.25****9. Election Campaign Financing** ☐ **\$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**

<b>TITLE</b> <b>D</b> <b>NAME</b> <b>TREBELE MARY E</b> <b>STREET ADDRESS</b> <b>11 AVILES ST APT 2D</b> <b>CITY-ST-ZIP</b> <b>ST AUGUSTINE FL 32084</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>D</b> <b>NAME</b> <b>MATHIS JANE</b> <b>STREET ADDRESS</b> <b>1539 SAN RAFAEL WAY</b> <b>CITY-ST-ZIP</b> <b>ST AUGUSTINE FL 32084</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>D</b> <b>NAME</b> <b>CRAIG GUS</b> <b>STREET ADDRESS</b> <b>7460 A1A SOUTH</b> <b>CITY-ST-ZIP</b> <b>ST AUGUSTINE FL 32086</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>D</b> <b>NAME</b> <b>BOLES JOE</b> <b>STREET ADDRESS</b> <b>120 CHARLOTTE ST</b> <b>CITY-ST-ZIP</b> <b>ST AUGUSTINE FL 32084</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>D</b> <b>NAME</b> <b>CREAMER EDDIE</b> <b>STREET ADDRESS</b> <b>PO BOX 1690</b> <b>CITY-ST-ZIP</b> <b>ST AUGUSTINE FL 32085</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>D</b> <b>NAME</b> <b>LUCKER BRUCE</b> <b>STREET ADDRESS</b> <b>21 WORLD GOLF PL</b> <b>CITY-ST-ZIP</b> <b>ST AUGUSTINE FL 32092</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Bruce Lucker****Mr. 08/21/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)