

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90106 048 ****70.00

DOCUMENT # NO1000004647

1. Entity Name
ST. THOMAS MANAGEMENT CORP.



Principal Place of Business
**478 CAMPINA ST
SAINT AUGUSTINE FL 32086**

Mailing Address
**78 ANDORA ST
SAINT AUGUSTINE FL 32086**

2. Principal Place of Business
309 "D" St.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
St. Augustine, FL

City & State

4. FEI Number **59-3728005**

Applied For
Not Applicable

Zip
32080

Country
USA

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

**PELLICER, CHARLES E
28 CORDOVA 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. 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 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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DST
MCCONNELL, SYLVESTER T
78 ANDORA ST
SAINT AUGUSTINE FL 32086** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DORAN, PAUL W.
272 SAN NICOLAS WAY
ST. AUGUSTINE FL 32080** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
Doran, Paul W.
272 San Nicolas Way
St. Augustine, FL 32080** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MULVEY, EDWARD J
ONE OCEAN TRACE, #460
ST. AUGUSTINE FL 32080** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
MALARNEY, RONALD
478 COMPINA ST.
ST. AUGUSTINE FL 32086** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Pinto, Peter
1670 AlA South, Apt. 17C
St. Augustine, FL 32080** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
CASALE, ARTHUR
309 "D" St.
ST. AUGUSTINE FL 32080** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
Casale, Arthur
309 "D" St.
St. Augustine, FL 32080** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PRZYBYSKI, MARION F
73 ALOHA CIRCLE
ST AUGUSTINE FL 32080** ☐ 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: **Sylvester T. McConnell, Sec. Treas.**

03-24-2003

904-797-9422

CR2E037 (10/02)