7/26/01-90008-024-$61.25-$61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N05829

1. Entity Name

THE ST. AUGUSTINE SOUTH IMPROVEMENT ASSOCIATION

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT -8 AM 4:38

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C00074378

Principal Place of Business	Mailing Address
709 ROYAL ROAD SAINT AUGUSTINE FL 32086	P O BOX 860277 SAINT AUGUSTINE FL 32086-0277

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2286817 ☐ 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
CIRIELLO, JOSEPH A 5318 SHORE DR ST. AUGUSTINE FL 32086	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 A. Ciriello Joseph A. Ciriello July 13, 2001
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
After September 12, 2001, min. will be $236.25

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WEBBER, JOHN J 1033 PRINCE RD ST. AUGUSTINE FL 32086	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Thresa Nizza Treasurer 142 Egret Rd St. Augustine, Fl. 32086
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1VPD SEBASTIAN, JERRY 518 GENTIAN ST. AUGUSTINE FL 32086	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	IVP Jerry Cameron 518 Gentian Rd. St. Augustine, Fl. 32086
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CIRIELLO, JOSEPH A 5318 SHORE DR ST. AUGUSTINE FL 32086	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Handly Carraway 134 Cotrell Rd. St. Aug, Fl. 32086
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SWITZER, DAVID 206 DARTMOUTH RD ST AUGUSTINE FL 32086	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2VP Gail Wright 881 Queen Rd St. Augustine, Fl. 32086
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CIRIELLO, MILDRED L 5318 SHORE DR ST. AUGUSTINE FL 32086	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Tom Jackson 134 Pelican Rd St. Aug, Fl. 32086
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD SWITZER, JEANNE 206 DARTMOUTH RD SAINT AUGUSTINE FL 32086	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Sheldon Pettit 881 Queen Rd St. Aug, Fl 32086

☒ Change ☒ Addition

CR2E037 (5/01)

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: Mildred Ciriello Mildred Ciriello July 13, 2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #