

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N17490

1. Entity Name

U.S. I OFFICE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

2744 US I SOUTH
ST. AUGUSTINE FL 32086
US

Mailing Address

2744 US I SOUTH
ST. AUGUSTINE FL 32086
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2781060

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

CHARLES T STEVENS
2744 US1 S
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

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 STEVENS, CHARLES T.
STREET ADDRESS 3500 RED CLOUD TRL
CITY-ST-ZIP ST. AUGUSTINE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VD
NAME TODD, J
STREET ADDRESS 2740 US1 S
CITY-ST-ZIP ST AUGUSTINE LF

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME OTTO, M
STREET ADDRESS 2748 US 1 S
CITY-ST-ZIP ST AUGUSTINE FL 32086

☐ Delete

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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 21, 2002 8:00 am
Secretary of State

01-21-2002 90067 050 *****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)

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