

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90951 030 ***61.25

DOCUMENT #

N24293 ✓

1. Entity Name

Lincolntonville Festival Committee of
 St. Augustine Inc

Principal Place of Business

2120 U.S. 1 South
 # 202
 St. Augustine, FL 32086

Mailing Address

P.O. Box 904-32085
 St. Augustine, FL
 32085

2. Principal Place of Business

2120 U.S. 1 South
 # 202

3. Mailing Address

P.O. Box 904-32085

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Augustine, FL

City & State

St. Augustine

4. FEI Number

59-2884699

Applied For

Not Applicable

Zip

32086

Country

USA

Zip

32085

Country

USA

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

Name

LORENZO LAWS

Street Address (P.O. Box Number is Not Acceptable)

3818 ARROWHEAD Dr.

City

St. Augustine

FL

Zip Code

32086

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

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

TITLE President ☐ Delete
 NAME LORENZO LAWS
 STREET ADDRESS 3818 Arrowhead Dr
 CITY-ST-ZIP St. Augustine, FL 32086

TITLE Gertrude LAWS ☐ Delete
 NAME Gertrude LAWS
 STREET ADDRESS 3818 ARROWHEAD Dr.
 CITY-ST-ZIP St. Augustine, FL 32086

TITLE Sylvester LUCAS ☐ Delete
 NAME Sylvester LUCAS
 STREET ADDRESS 731 Camelia Trail
 CITY-ST-ZIP St. Augustine, FL 32086

TITLE Wilbur Roberson ☐ Delete
 NAME Wilbur Roberson
 STREET ADDRESS 17 Rollins Ave
 CITY-ST-ZIP St. Augustine, FL 32085

TITLE Chester Hamilton ☐ Delete
 NAME Chester Hamilton
 STREET ADDRESS 166 M.L. King Ave
 CITY-ST-ZIP St. Augustine, FL

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Lorenzo Laws

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00

Date

(904) 797-8940

Daytime Phone #

CR2E037 (9/99)