

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N24293

FILED
Apr 30, 2002 8:00 AM
Secretary of State

Entity Name: LINCOLNVILLE FESTIVAL COMMITTEE OF ST. AUGUSTINE, INCORPORATED

Current Principal Place of Business:

2120 US 1 SOUTH
#202
ST. AUGUSTINE, FL 32086

New Principal Place of Business:

Current Mailing Address:

PO BOX 904-32085
ST. AUGUSTINE, FL 32084

New Mailing Address:

FEI Number: 59-2884699

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAWS, LORENZO
3818 ARROWHEAD DR.
SAINT AUGUSTINE, FL 32086 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LAWS, LORENZO,
Address: 3818 ARROWHEAD DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: D () Delete
Name: LUCAS, SYLVESTER,
Address: 731 CAMILIA TR.
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: D () Delete
Name: MOTLEY, GENE
Address: 18 S WHITNEY ST
City-St-Zip: ST. AUGUSTINE, FL

Title: D () Delete
Name: LAWS, GERTRUDE L
Address: 3818 ARROWHEAD DR
City-St-Zip: ST AUGUSTINE, FL

Title: SD () Delete
Name: PATERSON, DEBRA
Address: 4174 VERMONT BLVD
City-St-Zip: ELKTON, FL

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: WILLIAMS, BARRY
Address: P.O. BOX 904
City-St-Zip: ST. AUGUSTINE, FL 32085

Title: D (X) Change () Addition
Name: ROBERSON, WILBUR
Address: 17 ROLLINS AVE
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: TWINE, KATHERINE
Address: 163 TWINE STREET
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: D () Change (X) Addition
Name: LUCAS, SYLVESTER
Address: 731 CAMELIA TR
City-St-Zip: ST. AUGUSTINE, FL 32086

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LORENZO LAWS

PRES

04/30/2002

Electronic Signature of Signing Officer or Director

Date