

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90066 013 \*\*\*\*61.25

**DOCUMENT # N36684**

1. Entity Name

**WOMAN'S CLUB OF ST AUGUSTINE, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 3421  
 ST. AUGUSTINE FL 32085-3421  
 US

P.O. BOX 3421  
 ST. AUGUSTINE FL 32085-3421  
 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

**59-2053599**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PEACOCK, LOIS J**  
**110 OCEAN HOLLOW LANE UNIT 216**  
**SAINT 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.

SIGNATURE Lois J. Peacock

3/11/02/

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 ☐ Delete  
 NAME **PD**  
 STREET ADDRESS **GUCKIEAN, VERONICA**  
 CITY-ST-ZIP **1700 WOODLAWN RD., #13**  
**ST AUGUSTINE FL 32084**

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

TITLE ☐ Delete  
 NAME **SD**  
 STREET ADDRESS **KESSLER, BETTY**  
 CITY-ST-ZIP **111 OCEAN HOLLOW LANE**  
**SAINT AUGUSTINE FL 32084**

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

TITLE ☒ Delete  
 NAME **VD**  
 STREET ADDRESS **HARTER, BERYL**  
 CITY-ST-ZIP **352 MARSH POINT CR.**  
**ST. AUGUSTINE FL 32080**

TITLE ☒ Change ☐ Addition  
 NAME **VD**  
 STREET ADDRESS **Batovsky, Suzanne**  
 CITY-ST-ZIP **2260 Commodores Club Dr.**  
**St. Augustine, Fl. 32080**

TITLE ☐ Delete  
 NAME **VD**  
 STREET ADDRESS **BUGESKI, ADELE**  
 CITY-ST-ZIP **405 ARRENDO AVE.**  
**ST. AUGUSTINE FL 32080**

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

TITLE ☐ Delete  
 NAME **TD**  
 STREET ADDRESS **PEACOCK, LOIS J**  
 CITY-ST-ZIP **110 OCEAN HOLLOW LANE #216**  
**SAINT AUGUSTINE FL 32084**

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

TITLE ☐ Delete  
 NAME **PD**  
 STREET ADDRESS **FRASER, PAT**  
 CITY-ST-ZIP **19 MARILYN DRIVE**  
**ST. AUGUSTINE FL 32080**

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 Lois J. Peacock  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/02 904-808-7276

Date

Daytime Phone #

CR2E037 (9/01)