FILED

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2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 03, 2002 8:00 am Secretary of State **DOCUMENT # N38594** 1. Entity Name 02-17-2002 90027 001 ****61.25 HARLEY OWNERS GROUP ST. AUGUSTINE CHAPTER, INC. Principal Place of Business Mailing Address 3956 PONCE DELEON N 3956 PONCE DELEON N ST. AUGUSTINE FL 32084 ST. AUGUSTINE FL 32084 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For 59-3014211 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) DECOSTA, JOSEPH **425 INAGUA DRIVE** SAINT AUGUSTINE FL 32095 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) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be چ FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. ☐ Delete (9/01 TIFLE TITLE X Change Platz, Carolyn DECOSTA, JOSEPH NAME NAME 152 turtle Bay Lane 425 INAGUA DRIVE CR2E037 STREET ADDRESS STREET ADDRESS SAINT AUGUSTINE FL 32095 CITY-ST-ZIP s. Ponte Vedra Beach, Florida 32082 CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change HOLLINGSWORTH, JAMES A NAME 3956 PONCE DELEON N STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST. AUGUSTINE FL 32084 CITY-ST-ZIP ☐ Addition Delete TITLE GINTHER, MARY MAME STREET ADDRESS 205 HOPKINS STREET STREET ADDRESS NEPTUNE BEACH FL CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition DDE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TIMLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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(3Xi), 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.