

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90247 030 ****61.25

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DOCUMENT # N38594

1. Entity Name

HARLEY OWNERS GROUP ST. AUGUSTINE CHAPTER, INC.



Principal Place of Business

**3956 PONCE DELEON N
ST. AUGUSTINE FL 32084
US**

Mailing Address

**3956 PONCE DELEON N
ST. AUGUSTINE FL 32084
US**

2. Principal Place of Business

2575 State Road 16

3. Mailing Address

2575 State Road 16

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Augustine, Florida

City & State

St. Augustine, Florida

Zip

32092

Country

USA

Zip

32092

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3014211**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DECOSTA, JOSEPH
425 INAGUA DRIVE
SAINT AUGUSTINE FL 32095**

7. Name and Address of New Registered Agent

Name **GARY GRAB**

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

216 OCEANWAY AVE

Jacksonville, FL

City **Jacksonville**

FL

Zip Code **32218**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/4/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **DECOSTA, JOSEPH**
STREET ADDRESS **425 INAGUA DRIVE**
CITY-ST-ZIP **SAINT AUGUSTINE FL 32095**

TITLE **SD** ☒ Delete
NAME **HOLLINGSWORTH, JAMES A**
STREET ADDRESS **3956 PONCE DELEON N**
CITY-ST-ZIP **ST. AUGUSTINE FL 32084**

TITLE **SD** ☐ Delete
NAME **PLATZ, CAROLYN**
STREET ADDRESS **152 TURTLE BAY LANE**
CITY-ST-ZIP **S PONTE VEDRA BEACH FL 32082**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
NAME **Gary Grab**
STREET ADDRESS **216 Oceanway Ave**
CITY-ST-ZIP **Jacksonville, FL 32218**

TITLE **SD** ☒ Change ☐ Addition
NAME **Hollingsworth, James A.**
STREET ADDRESS **2575 State Road 16**
CITY-ST-ZIP **St. Augustine, FL 32092**
address only

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

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

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

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:

GARY R. GRAB **4/4/03** **904-757-6890**

CR2E037 (10/02)