

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N39131

1. Entity Name

ST. AUGUSTINE EASTER WEEK FESTIVAL, INC.

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90130 008 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 3631
ST. AUGUSTINE FL 32085

P.O. BOX 3631
ST. AUGUSTINE FL 32085-3631

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 **59-2910400**

Applied For

Not Applicable

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

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

City

FL

Zip Code

STAUBER, EVELYN D
5155 AVENUE B
ST. AUGUSTINE FL 32095

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 *Evelyn D Stauber*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

01-25-00

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	PD	<input type="checkbox"/> Delete
NAME	WHALEY, JANELLE P.	
STREET ADDRESS	6566 SHERRY LANE	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	PRUITT, THERESA P.	
STREET ADDRESS	2860 COLLINS AVE	
CITY-ST-ZIP	ST. AUGUSTINE FL 32095	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	PETTY, LARUE U	
STREET ADDRESS	2850 LORD ST	
CITY-ST-ZIP	ST. AUGUSTINE FL 32095	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	DUNHAM, STAUBER, EVELYN	
STREET ADDRESS	5155 AVENUE B	
CITY-ST-ZIP	ST. AUGUSTINE FL 32095	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALTON, SALLY R.	
STREET ADDRESS	2871 DEL RIO DR.	
CITY-ST-ZIP	ST. AUGUSTINE, FL. 32095	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRUITT, THERESA P.	
STREET ADDRESS	P. O. BOX 5384	
CITY-ST-ZIP	ST AUGUSTINE, FL. 32085	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWNING, SHIRLEY S.	
STREET ADDRESS	P. O. BOX 85	
CITY-ST-ZIP	ELKTON, FL. 32033	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STAUBER, EVELYN D.	
STREET ADDRESS	5155 AVENUE B	
CITY-ST-ZIP	ST. AUGUSTINE, FL. 32095	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Evelyn D Stauber*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01-25-00

904-833-2670

CR2E037 (9/99)