

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90380 002 ****61.25

DOCUMENT # N39131

1. Entity Name

ST. AUGUSTINE EASTER WEEK FESTIVAL, INC.

Principal Place of Business

Mailing Address

P.O. BOX 3631
 ST. AUGUSTINE FL 32085

P.O. BOX 3631
 ST. AUGUSTINE FL 32085

620500



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2910400

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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

Evelyn D Stauber
 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 WHALEY, JANELLE P.**
 STREET ADDRESS **6566 SHERRY LANE**
 CITY-ST-ZIP **ST AUGUSTINE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VD PRUITT, THERESA P**
 STREET ADDRESS **PO BOX 5384**
 CITY-ST-ZIP **ST AUGUSTINE FL 32085**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VD WALTON, SALLY R**
 STREET ADDRESS **2871 DEL RIO DR**
 CITY-ST-ZIP **ST. AUGUSTINE FL 32095**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SD BROWNING, SHIRLEY S**
 STREET ADDRESS **PO BOX 85**
 CITY-ST-ZIP **ELKTON FL 32033**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TD STAUBER, EVELYN D**
 STREET ADDRESS **5155 AVENUE B**
 CITY-ST-ZIP **SAINT AUGUSTINE FL 32095**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 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:

Evelyn D Stauber
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/01
 Date

904-823-2670
 Daytime Phone #

CR2E037 (10/00)