

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

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

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

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 PD  
NAME WHALEY, JANELLE P.  
STREET ADDRESS 6566 SHERRY LANE  
CITY-ST-ZIP ST AUGUSTINE FL ☐ Delete

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

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

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

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

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

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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

2/8/02

904-824-3668



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)