

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N40030

1. Entity Name

THE UNIVERSITY OF FLORIDA HISTORIC ST. AUGUSTINE

Principal Place of Business

C/O KEN HAGLER
5 PALM ROW
ST AUGUSTINE FL 32084
US

Mailing Address

C/O KEN HAGLER
P.O. BOX 4365
ST AUGUSTINE FL 32085-4365
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3187567

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

HAGLER, KEN
~~3 PALM ROW~~
ST AUGUSTINE FL 32084

5 Palm Row

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 D
NAME MCGUINNESS, JACK
STREET ADDRESS 6 SARAGOSSA ST
CITY-ST-ZIP ST AUGUSTINE FL

☐ Delete

TITLE
NAME Jim DEAN President - Director
STREET ADDRESS 211 Anastasia Blvd
CITY-ST-ZIP St. Augustine, FL 32084

☐ Change ☒ Addition

TITLE D
NAME HAGLER, KEN
STREET ADDRESS 3 PALM ROW
CITY-ST-ZIP ST AUGUSTINE FL

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE SD
NAME NUTTALL, AMY
STREET ADDRESS 28 SIDNEY ST.
CITY-ST-ZIP ST. AUGUSTINE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE TD
NAME NUTTALL, AMY
STREET ADDRESS 28 SYDNEY ST
CITY-ST-ZIP ST. AUGUSTINE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME COLSON, MARY A
STREET ADDRESS 1054 SAN RAFAEL ST.
CITY-ST-ZIP ST. AUGUSTINE FL

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME GARRISON, JAMES - Director
STREET ADDRESS 25-A ATLANTIC OAKS CIR
CITY-ST-ZIP ST AUGUSTINE FL

☒ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/2000

Date

904 874 4010

Daytime Phone #

CR2E037 (9/99)