

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N45824

1. Entity Name

ST. AUGUSTINE TECHNICAL CENTER FOUNDATION, INC.

Principal Place of Business

5845 CAPO ISLAND RD
ST AUGUSTINE FL 32095
US

Mailing Address

5845 CAPO ISLAND RD
ST AUGUSTINE FL 32095-8025
US

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 59-3119022

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

WORLEY, MARYNEIL
5845 CAPO ISLAND RD
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 YOUNG, WILLIAM F.
STREET ADDRESS 833 KALLI CREEK LN
CITY-ST-ZIP ST AUGUSTINE FL 32084 ☐ Delete

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

TITLE D
NAME UPTON, RALPH JR.
STREET ADDRESS 30 REDICK LANE
CITY-ST-ZIP ST AUGUSTINE FL ☐ Delete

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

TITLE TD
NAME VON INS, PAUL R.
STREET ADDRESS 23 LAKESHORE DR
CITY-ST-ZIP ST AUGUSTINE FL ☐ Delete

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

TITLE SD
NAME WORLEY, MARYNEIL
STREET ADDRESS 5845 CAPO ISLAND RD
CITY-ST-ZIP ST AUGUSTINE FL ☐ Delete

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

TITLE D
NAME POWELL, WENDELL W
STREET ADDRESS 18 AVISTA CIRCLE
CITY-ST-ZIP ST AUGUSTINE FL ☒ Delete *Deceased*

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: *Maryneil Worley* *Maryneil Worley* 4/27/00 904-829-6734
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)