

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000002994

1. Entity Name

ST. AUGUSTINE - ST. JOHNS COUNTY CHAMBER FOUNDAT

Principal Place of Business

ONE RIBERIA STREET
ST AUGUSTINE FL 32084

Mailing Address

ONE RIBERIA STREET
ST AUGUSTINE FL 32084

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

59-3243739

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

PATRICK, DON
ONE RIBERIA STREET
ST AUGUSTINE FL 32084

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 CD
NAME NICOLOSI, MIKE ☒ Delete
STREET ADDRESS 1850 US 1 S
CITY-ST-ZIP ST AUGUSTINE FL 32086

TITLE CD ☒ Change ☐ Addition
NAME Ralph Klein
STREET ADDRESS 400 N Ponce de Leon Blvd
CITY-ST-ZIP St Augustine FL 32084

TITLE SMP
NAME PATRICK, DON ☐ Delete
STREET ADDRESS 1 RIBERIA ST
CITY-ST-ZIP ST AUGUSTINE FL 32084

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

TITLE VD ☒ Delete
NAME BEYLEY, ROBERT G
STREET ADDRESS 1700 DOBBS RD
CITY-ST-ZIP SAINT AUGUSTINE FL 32086

TITLE VD ☒ Change ☐ Addition
NAME Ruth Stinson
STREET ADDRESS 2730 US 1 S #F
CITY-ST-ZIP St Augustine FL 32086

TITLE TD ☒ Delete
NAME KLEIN, RALPH
STREET ADDRESS 400 NORTH PONCE DE LEON BLVD
CITY-ST-ZIP SAINT AUGUSTINE FL 32084

TITLE TD ☒ Change ☐ Addition
NAME James Pennington
STREET ADDRESS S Cordova St
CITY-ST-ZIP St Augustine FL 32084

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Don Patrick

4/19/01

904-824-8142

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)