ST. AUGUSTINE - ST. JOHNS COUNTY CHAMBER FOUNDAT       05-20-2002 90093 015 ****61.25         Principal Pace of Business       Mailing Address         DNR. IREERA STREET ST AUGUSTINE FL 3204       ONE MBERIA STREET ST AUGUSTINE FL 3204       ONE MBERIA STREET ST AUGUSTINE FL 3204         2. Principal Place of Business       3. Mailing Address       Do Not WRITE IN THIS SPACE         Suite. Apt. #, etc       Suite. Apt. #, etc.       Do Not WRITE IN THIS SPACE         City & State       Chy & State       4. FE! Number Sp-3243739       Applied Fer Not Applied Fee Required         Zip       Country       Zip       Country       S. Carrificate of Sistus Desired       \$8.75 Addreads Fee Required         Zip       Country       Zip       Country       Street Address of New Registered Agent       7. Name and Address of New Registered Agent         PATRICK, DON ONE RIBERIA STREET ST AUGUSTINE FL 3204       Name       Street Address (P.O. Box Number Is Not Acceptate)         ONE RIBERIA STREET ST AUGUSTINE FL 3204       P. Election Campeling Tis registered Agent spatial registered Agent registered Agent spatial registered Agent registered Agent registered Agent spatial registered Agent registered Age		02994		<sup>k</sup> ) Ma	ay 20, 200 ecretary (	/D )2 8: of S1	00 ar tate
NE RIBERIA STREET F AUGUSTINE FL 32034       ONE RIBERIA STREET ST AUGUSTINE FL 32034       ONE RIBERIA STREET ST AUGUSTINE FL 32034         2. Principal Place of Business       3. Mailing Address       Do NOT WRITE IN THIS SPACE         Suite, Apl. #, etc.       Suite, Apl. #, etc.       Do NOT WRITE IN THIS SPACE         City & State       City & State       4. FE! Number 59-3243739       Applied For Not Applied For Required         Zip       Country       Zip       Country       5. Certificate of Status Desired       \$5. Additional For Required         8. Name and Address of Current Registered Agent       7. Name and Address of New Registered Agent       7. Name and Address of New Registered Agent         PATRICK, DON ONE RIBERIA STREET ST AUGUSTINE FL 32084       Name and Address of New Registered Agent       7. Name and Address of New Registered Agent         Name and Address of Current Registered Agent       0. Not Acceptable)       Other         ONE RIBERIA STREET ST AUGUSTINE FL 32084       City       FL       Zip Code         Name and Address of registered agent, or both, in the state of Florida.       Name and Address of New Registered Agent Street Address (P O. Biox Number is Not Acceptable)       OATE         9       FILE NOW: FEE IS \$61.25       9. Election Campaign Financing Trait Fund Contribution       \$5.00 May Be Added to Pees       Make Check Payable to Department of State         0.       OFFICERS AND DIRECTORS		Y Chamber Foun	DAT				
TAUGUSTINE FL 32094       ST AUGUSTINE FL 32094         2. Principal Place of Business       3. Mailing Address         Suite. Apt. #, etc.       Suite. Apt. #, etc.         City & State       4. FEI Number         21p       Country         Zip       Country         Suite. Apt. #, etc.       Suite. Apt. #, etc.         Do NOT WRITE IN THIS SPACE         21p       Country         Zip       Country         S. Name and Address of Current Registered Agent         6. Name and Address of Current Registered Agent         7. Name and Address of New Registered Agent         8. The above name and entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.         3GINATURE         9       File NOW: FEE IS \$61.25         9. Election Compation Financing       \$5.00 May Be       Make Check Payable to Department of State         9       File NOW: FEE IS \$61.25       Patter Compasing Financing       <	Principal Place of Business	Mailing Address					
Suite, Apl. #, etc.       Suite, Apl. #, etc.       DO NOT WRITE IN THIS SPACE         City & State       City & State       4. FEI Number       Applied For Not Applicable         Zip       Country       Zip       Country       S. Certificate of Status Desired       \$8.75, Additional Fee Required         Applied For       Name and Address of Current Registered Agent       7. Name and Address of New Registered Agent       7. Name and Address of New Registered Agent         PATRICK, DON       ONE RIBERIA STREET       Street Address (P.O. Box Number is Not Acceptable)         ONE RIBERIA STREET       City       City and the state of Florida.         Y       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.         VIGNATURE					11.1	•	
Suite. Apl. #, etc.  Suite. Apl. #, etc.  City & State  Ci	Principal Place of Business	3. Mailing Address					
Zip     Country     Zip     Country     Zip     Country     S. 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     7. Name and Address of New Registered Agent     Name       PATRICK, DON     Street Address (P.O. Box Number is Not Acceptable)     Street Address (P.O. Box Number is Not Acceptable)     City     FL     Zip Code       ONE RIBERIA STREET     Street Address (P.O. Box Number is Not Acceptable)     City     FL     Zip Code       The above named entity submits this statement for the purpose of changing its registered agent, or both, in the state of Florida.     City     FL     Zip Code       If the above named entity submits this statement for the purpose of changing its registered Agent signature required when reinstating)     DATE       If the above named entity submits this statement for the purpose of changing Financing     S5.00 May Be     Make Check Payable to Department of State       If the NOW:     FEE IS \$61.25     9. Election Campaign Financing     S5.00 May Be     Make Check Payable to Department of State       It     OFFICERS AND DIRECTORS     11.     ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10     Change     Additional       It     CD     OFFICERS AND DIRECTORS     11.     ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10     Change     Additional       It     S	Suite, Apt. #, etc.	Suite, Apt. #, etc.					FIIL 910L 1896
	City & State	City & State		4. FEI Number 59	-3243739		pplied For ot Applicable
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ATRICK, DON     Street Address (P.O. Box Number is Not Acceptable)     Street Address (P.O. Box Number is Not Acceptable)     City     FL     Zip Code     City     FL     Signature. typed or printed name of registered agent and tile if applicable.     (NOTE: Registered Agent algenture required when reinstaing)     DATE     Signature. typed or printed name of registered agent and tile if applicable.     (NOTE: Registered Agent algenture required when reinstaing)     DATE     Signature. typed or printed name of registered agent and tile if applicable.     (NOTE: Registered Agent algenture required when reinstaing)     DATE     Signature. typed or printed name of registered agent and tile if applicable.     (NOTE: Registered Agent algenture required when reinstaing)     DATE     Signature. typed or printed name of registered agent and tile if applicable.     (NOTE: Registered Agent algenture required when reinstaing)     DATE     Signature. typed or printed name of registered agent and tile if applicable.     (NOTE: Registered Agent algenture required when reinstaing)     DATE     Signature. typed or printed name of registered agent and tile if applicable.     (NOTE: Registered Agent algenture required when reinstaing)     DATE     Signature. typed or printed name of registered agent and tile if applicable.     (NOTE: Registered Agent algenture required when reinstaing)     DATE     Signature. typed or printed name of registered agent and tile if applicable.     Signature. typed or printed name of registered agent and tile if applicable.     Signature. t	6. Name and Address of Current F	Registered Agent	Namo	7. Name and Addr	ess of New Registered A	lgent	
ST AUGUSTINE FL 32084         City       FL       Zip Code         IGNATURE         Signature, typed or printed name of registered agent and tile if applicable.       (NOTE: Registered Agent signature required when reinstating)       DATE         g:       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         D:       OFFICERS AND DIRECTORS       11.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10         ILE       CD       TITLE       NAME       Change       Additio         NME       SIREET ADDRESS       CITY-ST-ZIP       Change       Additio         NME       Delete       TITLE       Change       Additio         NME       SIREET ADDRESS       SIREET ADDRESS       City - ST-ZIP       Change       Additio	-	ی میرویی بالیزمرده میری معد ر آیمید		dress (P.O. Box Number is N	lot Acceptable)		
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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.   IGNATURE   IGNATURE   Signature. typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE   PILE NOW: FEE IS \$61.25   9. Election Campaign Financing   D. OFFICERS AND DIRECTORS   11.   Added to Fees   Make Check Payable to Department of State   D. OFFICERS AND DIRECTORS   11.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10   11.    11.   11.   11.   11.   11.   11.   11.   12.<			City	· · · · · ·	FI	Zip Coo	le
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