

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2003 8:00 am**  
**Secretary of State**

05-28-2003 90117 032 \*\*\*\*61.25

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**DOCUMENT # N93000002994**

1. Entity Name

**ST. AUGUSTINE - ST. JOHNS COUNTY CHAMBER FOUNDATION, INC.**



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

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Don Patrick*  
Signature, typed or printed name of registered agent and title if applicable.

*Don Patrick, President*

*5/27/03*

(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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** ☐ Delete  
NAME **TIMMONS, SUSAN**  
STREET ADDRESS **250 VILANO RD.**  
CITY-ST-ZIP **SAINT AUGUSTINE FL 32084**

TITLE **VD** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE **MP** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **CD** ☒ Delete  
NAME **STINSON, RUTH**  
STREET ADDRESS **2730 US 1 S #F**  
CITY-ST-ZIP **SAINT AUGUSTINE FL 32086**

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

TITLE **VD** ☐ Delete  
NAME **PENNINGTON, JAMES**  
STREET ADDRESS **5 CORDOVA ST**  
CITY-ST-ZIP **SAINT AUGUSTINE FL 32084**

TITLE **PD** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **62 St George St.**  
CITY-ST-ZIP

TITLE **TD** ☐ Delete  
NAME **Fred Halback**  
STREET ADDRESS **287 St George St**  
CITY-ST-ZIP **St Augustine FL 32084**

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

TITLE **SD** ☐ Delete  
NAME **Frank Muccio**  
STREET ADDRESS **232 Treasure Beach Rd**  
CITY-ST-ZIP **St Augustine FL 32080**

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*  
Signature, typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E037 (10/02)