

DOCUMENT # N93000004462

1. Entity Name

THE ST. AUGUSTINE CIVITIAN CLUB, INC.

03-08-2000 90051 043 \*\*\*\*\*61.25

Principal Place of Business	Mailing Address
APPLEBEE'S RESTAURANT SR 312 ST. AUGUSTINE FL 32086 US	212 CABEZA ST ST AUGUSTINE FL 32084-4525 US

<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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4. FEI Number <b>59-2276484</b>	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
BETTS, ROBERT R 904 ALICANTE RD ST. AUGUSTINE FL 32086

7. Name and Address of New Registered Agent	
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 \_\_\_\_\_

<p><b>FILE NOW:</b> <b>FEE IS \$61.25</b></p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/></p> <p><b>\$5.00</b> May Be Added to Fees</p>	<p><b>Make Check Payable to Department of State</b></p>
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10.		OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPE CAPP, PAULETTE 15 FOUNTAIN OF YOUTH BLVD ST. AUGUSTINE FL 32084	<input type="checkbox"/>	Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGILLIN, JEANNE M 1510 SAN RAFAEL WAY ST. AUGUSTINE FL	<input checked="" type="checkbox"/>	Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MARONEL, DOT 212 CABEZA ST ST. AUGUSTINE FL	<input type="checkbox"/>	Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BETTS, ROBERT R 904 ALICANTE ROAD ST AUGUSTINE FL 32086	<input type="checkbox"/>	Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BETTS, TONI 904 ALICANTE RD ST. AUGUSTINE FL 32086	<input type="checkbox"/>	Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	Delete

11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CAPP, PAULETTE 15 FOUNTAIN OF YOUTH BLVD. ST. AUGUSTINE, FL 32084	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPE CAPP, RANDY 15 FOUNTAIN OF YOUTH BLVD ST. AUGUSTINE, FL 32084	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MARONEL, DOT 212 CABEZA ST ST. AUGUSTINE, FL 32084	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BETTS, ROBERT R 904 ALICANTE ROAD ST. AUGUSTINE, FL 32086	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS JOHNSON, CATHY 317 HARVARD ROAD ST. AUGUSTINE, FL 32086	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> 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:** Antonia M. Betts 2/7/2000 904/987-8735  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)