

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90966 039 ****61.25

DOCUMENT # N94000000640

1. Entity Name
TALE TELLERS OF ST. AUGUSTINE, INC.

Principal Place of Business 243 JOEY DRIVE ST AUGUSTINE FL 32084 US	Mailing Address PO BOX 1343 ST. AUGUSTINE FL 32085-1343
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 321 MINORCA AVE.	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State ST. AUGUSTINE FL	City & State	4. FEI Number 65-0488736	Applied For <input checked="" type="checkbox"/> Not Applicable
Zip 32084	Country USA	Zip	Country
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
**LIPSON, FRANCES
 243 JOEY DRIVE
 ST AUGUSTINE FL 32084**

7. Name and Address of New Registered Agent
 Name **ELIZABETH FELL**
 Street Address (P.O. Box Number is Not Acceptable)
216 TREASURE BEACH RD.
 City **ST. AUGUSTINE FL** Zip Code **32084**

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 *Elizabeth Fell* DATE 4/28/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LIPSON, FRANCES 243 JOEY DRIVE ST AUGUSTINE FL 32084	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FELL, BETTY 216 TREASURE BEACH RD. ST. AUGUSTINE FL 32084	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCCONNELL, TERRY 321 MINORCA AVE. ST. AUGUSTINE FL 32084	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRYCE, SHIRLEY 145 CR 13 SOUTH ST. AUGUSTINE FL 32092	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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	PD ELIZABETH FELL 216 TREASURE BHT. RD. ST. AUGUSTINE FL 32084	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RITA SAKER 6865 MIDDLETON AVE. ST. AUGUSTINE FL 32084	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	McConnell, Gladys I.	<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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input 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: *Elizabeth Fell* DATE 4/28/00 904-829-6274
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)