

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90338 040 ****61.25

DOCUMENT # N94000000640

1. Entity Name

TALE TELLERS OF ST. AUGUSTINE, INC.

Principal Place of Business

**321 MINORCA AVE
 ST AUGUSTINE FL 32084
 US**

Mailing Address

**PO BOX 1343
 ST. AUGUSTINE FL 32085**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0488736

Applied For

Not Applicable

Zip

32080

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FELL, ELIZABETH
 216 TREASURE BEACH ROAD
 SAINT AUGUSTINE FL 32084**

7. Name and Address of New Registered Agent

Name

GLADYS I. MCCONNELL

Street Address (P.O. Box Number is Not Acceptable)

321 MINORCA AVE.

City

ST. AUGUSTINE

FL

Zip Code

32080

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

Gladys I. McConnell

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/21/01

**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 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 checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRYCE, SHIRLEY 145 CR 13 SOUTH ST. AUGUSTINE FL 32092	<input checked="" 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT RITA SAKER 6865 MIDDLETON AVE. ST. AUGUSTINE FL 32086	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PRES. GLADYS I. MCCONNELL 321 MINORCA AVE. ST. AUGUSTINE FL 32080	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER JOAN SCHUGT 513 W. TROPIC WAY ST. AUGUSTINE FL 32080	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC. SHARON SAPPINGTON 5131 SHORE DR. 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		<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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gladys I. McConnell *4/21/01* *904-829-6274*

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

0001757

CR2E037 (10/00)