

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 91389 040 ****61.25

DOCUMENT # N94000000640

1. Entity Name

TALE TELLERS OF ST. AUGUSTINE, INC.

Principal Place of Business

Mailing Address

**321 MINORCA AVE
 ST. AUGUSTINE FL 32080
 US**

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



DO NOT WRITE IN THIS SPACE

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

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

32080-3814

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCCONNELL, GLADYS I
 321 MINORCA AVE
 ST. AUGUSTINE FL 32080**

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code **32080-3814**

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 _____ DATE _____
 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.

\$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 | PD | <input type="checkbox"/> Delete |
| NAME | SAKER, RITA | |
| STREET ADDRESS | 6885 MIDDLETON AVE | |
| CITY-ST-ZIP | SAINT AUGUSTINE FL 32086 | |
| TITLE | VD | <input checked="" type="checkbox"/> Delete |
| NAME | MCCONNELL, GLADYS I | |
| STREET ADDRESS | 321 MINORCA AVE | |
| CITY-ST-ZIP | ST. AUGUSTINE FL 32080 | |
| TITLE | TD | <input checked="" type="checkbox"/> Delete |
| NAME | SCHUGHT, JOAN | |
| STREET ADDRESS | 513 W. TROPIC WAY | |
| CITY-ST-ZIP | ST. AUGUSTINE FL 32080 | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete |
| NAME | SAPPINGTON, SHARON | |
| STREET ADDRESS | 5131 SHORE DR | |
| CITY-ST-ZIP | SAINT AUGUSTINE FL 32086 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--------------------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | VD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SHARON SAPPINGTON | |
| STREET ADDRESS | 5131 SHORE DRIVE | |
| CITY-ST-ZIP | SAINT AUGUSTINE FL 32086 | |
| TITLE | TD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MCCONNELL, GLADYS I | |
| STREET ADDRESS | 321 MINORCA AVE | |
| CITY-ST-ZIP | SAINT AUGUSTINE FL 32080-3814 | |
| TITLE | SD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LIPSON, FRANCES | |
| STREET ADDRESS | 243 JOEY DRIVE | |
| CITY-ST-ZIP | SAINT AUGUSTINE FL 32080 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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: Gladys I. McConnell **3/18/02** **904-829-6274**

CR2E037 (9/01)