

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000000372

1. Entity Name

ST. JOHNS COUNTY PASSION PLAY, INC.

**FILED**  
**Aug 24, 2000 8:00 am**  
**Secretary of State**

08-24-2000 90029 044 \*\*\*\*61.25

Principal Place of Business

1240 HIGHWAY A1A SOUTH  
ST. AUGUSTINE FL 32084

NOT FOR NEXT  
TWO YEARS

Mailing Address

658 BAHIA CT.  
266 WISTERIA ROAD  
ST. AUGUSTINE FL 32086

2. Principal Place of Business

658 BAHIA CT.

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
ST. AUGUSTINE, FL.

City & State  
ST. AUGUSTINE, FL.

4. FEI Number

59-3380499

Applied For

Not Applicable

Zip  
32086

Country

Zip  
32086

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PECK, GARRETT E  
266 WISTERIA ROAD  
ST. AUGUSTINE FL 32086

DELETE

7. Name and Address of New Registered Agent

Name RITA M. STARK

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

658 Bahia Ct.

City ST. AUGUSTINE

FL

Zip Code  
32086

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

Rita M. Stark

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

(NOTE: Registered Agent signature required when reinstating)

DATE

August 20th, 2000

FILE NOW: FEE IS \$61.25  
After September 13, 2000 min. will be \$236.25

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

TITLE TD  
NAME SELBE, ALLEN F  
STREET ADDRESS 5808 PERRY RD  
CITY-ST-ZIP ELKTON FL 32033 ☒ Delete

TITLE D  
NAME PECK, GARRETT E  
STREET ADDRESS 266 WISTERIA ROAD  
CITY-ST-ZIP ST. AUGUSTINE FL 32086 ☒ Delete

TITLE PD  
NAME ALTENBACH, GEORGE A  
STREET ADDRESS 51 COQUINA AVENUE  
CITY-ST-ZIP ST. AUGUSTINE FL 32084 ☒ Delete

TITLE D  
NAME EUBANKS, GERALD  
STREET ADDRESS 785 VISCAYA BLVD.  
CITY-ST-ZIP ST. AUGUSTINE FL 32086 ☐ Delete

TITLE S  
NAME JACOBS, DARLENE  
STREET ADDRESS 223 MARSHSIDE DR  
CITY-ST-ZIP ST. AUGUSTINE FL 32084 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P  
NAME RAKONCAY MELINDA  
STREET ADDRESS 86 Magnolia Str.  
CITY-ST-ZIP ST. AUGUSTINE, FL 32084 ☐ Change ☒ Addition

TITLE VP  
NAME SIMONS MARK  
STREET ADDRESS Bottomworth Drive 46  
CITY-ST-ZIP PALM COAST, FL 32137 ☐ Change ☒ Addition

TITLE S  
NAME GILLS Darlene  
STREET ADDRESS 131 Cowry Rd.  
CITY-ST-ZIP ST. AUGUSTINE, FL 32086 ☐ Change ☒ Addition

TITLE TD  
NAME STARK RITA  
STREET ADDRESS 658 Bahia Ct.  
CITY-ST-ZIP ST. AUGUSTINE, FL 32086 ☐ Change ☒ Addition

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

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

Rita M. Stark, Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/20/2000 (904) 794-0025

Date Daytime Phone #

CR2E037 (5/00)