

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 15, 2001 08:00 AM****Secretary of State****DOCUMENT # N95000001428**1. Entity Name
AUGUSTINE HOUSE, INC.

Principal Place of Business 1818 FOLLOW THRU ROAD SAINT PETERSBURG FL 33710	Mailing Address P.O. BOX 15671 ST. PETERSBURG FL 33733
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2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number
59-3311226Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentBRIDGEFORD PAUL
631 28TH AVE N

ST PETERSBURG FL 33704 US**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 **05/15/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE**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**

TITLE	T	<input type="checkbox"/> Delete
NAME	WELLS JEFFERSON	
STREET ADDRESS	1818 FOLLOW THRU ROAD	
CITY-ST-ZIP	SAINT PETERSBURG FL 33710	
TITLE	D	<input type="checkbox"/> Delete
NAME	WAHNING HAROLD	
STREET ADDRESS	112 70TH ST S	
CITY-ST-ZIP	SAINT PETERSBURG FL 33707	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GRATZOL KURT	
STREET ADDRESS	417 12TH AVE N	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 33785	
TITLE	S	<input type="checkbox"/> Delete
NAME	SWEENEY DON	
STREET ADDRESS	3350 ULMERTON RD SUITE 10	
CITY-ST-ZIP	CLEARWATER FL 33762	
TITLE	P	<input type="checkbox"/> Delete
NAME	BRIDGEFORD PAUL	
STREET ADDRESS	631 28TH AVE N	
CITY-ST-ZIP	SAINT PETERSBURG FL 33704	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRATZOL KURT	
STREET ADDRESS	417 12TH AVE N	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 33785	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRIDGEFORD PAUL	
STREET ADDRESS	631 28TH AVE N	
CITY-ST-ZIP	SAINT PETERSBURG FL 33704	
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)(f), 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: Jefferson Wells T 05/15/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/00)