

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Jan 17, 2002 8:00 am**  
**Secretary of State**

01-17-2002 90053 026 \*\*\*\*61.25

**DOCUMENT # N95000002218**

1. Entity Name

**COMMUNITIES IN SCHOOLS OF ST. JOHNS COUNTY, FLORIDA, INC.**

Principal Place of Business

Mailing Address

**74 RIBERIA STREET  
ST AUGUSTINE FL 32086**

**P.O. BOX 3265  
ST AUGUSTINE FL 32085-3265**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3314332**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SEXTON, PORTER  
201 D STREET  
ST AUGUSTINE FL 32084**

*Kathleen Drake*

Name

*Kathleen Drake*

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

*74 Riberia St.*

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

*Kathleen Drake*

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

(NOTE: Registered Agent signature required when reinstating)

*1/10/02*

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DC** ☒ Delete  
NAME **MATHIS, JOEL**  
STREET ADDRESS **100 SOUTHPARK BLVD #311**  
CITY-ST-ZIP **ST AUGUSTINE FL 32086**

TITLE **BChair** ☐ Change ☒ Addition  
NAME **Tommy Allen**  
STREET ADDRESS **310 SE 14**  
CITY-ST-ZIP **St. Augustine, FL 32095**

TITLE **DT** ☐ Delete  
NAME **PALMER, MIKE**  
STREET ADDRESS **2155 OLD MOULTRIE RD**  
CITY-ST-ZIP **ST AUGUSTINE FL 32085-3265**

TITLE **Director** ☐ Change ☒ Addition  
NAME **Kathleen Drake**  
STREET ADDRESS **74 Riberia St**  
CITY-ST-ZIP **ST AUGUSTINE, FL 32084**

TITLE **PED** ☒ Delete  
NAME **SEXTON, PORTER**  
STREET ADDRESS **201 D STREET**  
CITY-ST-ZIP **ST AUGUSTINE FL 32084**

TITLE **Vice Chair** ☐ Change ☒ Addition  
NAME **William Proctor**  
STREET ADDRESS **74 Riberia**  
CITY-ST-ZIP **St. Augustine, FL 32084**

TITLE **DC** ☐ Delete  
NAME **GACHET, PEGGY**  
STREET ADDRESS **12 FERN STREET**  
CITY-ST-ZIP **ST AUGUSTINE FL 32095**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Kathleen Drake*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*1/10/02 904829-6481x351*

CR2E037 (9/01)