

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000002799

1. Entity Name

ST. AUGUSTINE CHRISTIAN SERVICE CENTER, INC.

FILED

Feb 14, 2000 8:00 am  
Secretary of State

02-14-2000 90046 046 \*\*\*\*61.25

Principal Place of Business

Mailing Address

200 S WOODLAWN  
APT 27  
SAINT AUGUSTINE FL 32095

200 S WOODLAWN  
APT 27  
SAINT AUGUSTINE FL 32095-4004

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 31-1607979

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

DIXON, SHARON  
69 ANDERSON ST  
SAINT AUGUSTINE FL 32095

Name Dixon, Daniel L.

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

69 Anderson St.

City ST. Augustine

FL

Zip Code 32095

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

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

(NOTE: Registered Agent signature required when reinstating)

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 C ☐ Delete  
NAME TURNER, LOIS  
STREET ADDRESS 1065 KINGS ESTATE RD  
CITY-ST-ZIP ST AUGUSTINE FL

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

TITLE D ☐ Delete  
NAME CANEPA, PAUL C  
STREET ADDRESS 6900 US 1 SOUTH  
CITY-ST-ZIP ST AUGUSTINE FL

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

TITLE D ☐ Delete  
NAME NEWTON JR, LAVOY G  
STREET ADDRESS 865 S WHITNEY ST  
CITY-ST-ZIP ST AUGUSTINE FL

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

TITLE D ☐ Delete  
NAME HELLIER, AUDREY  
STREET ADDRESS 420 CAMELIA TRAIL  
CITY-ST-ZIP ST AUGUSTINE FL

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

TITLE T ☐ Delete  
NAME DIXON, DANIEL L  
STREET ADDRESS 69 ANDERSON ST  
CITY-ST-ZIP ST AUGUSTINE FL

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)