

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001082

1. Entity Name

THE R.E.C. (RECREATION, EDUCATION AND COMMUNITY

**FILED**  
**Aug 08, 2000 8:00 am**  
**Secretary of State**

08-08-2000 90016 025 \*\*\*\*61.25

Principal Place of Business

441 OCEAN VISTA AVE.  
 ST. AUGUSTINE FL 32084

Mailing Address

P.O. BOX 1436  
 ST. AUGUSTINE FL 32085

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

USA

4. FEI Number

59-3558657

Applied For

Not Applicable

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

BOLES, JOSEPH L JR.  
 120 CHARLOTTE ST.  
 ST. AUGUSTINE FL 32084

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

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**

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete  
 NAME WILES, DEBBIE  
 STREET ADDRESS 467 ARRICOLA AVE.  
 CITY-ST-ZIP ST. AUGUSTINE FL 32084

TITLE PD ☒ Change ☐ Addition  
 NAME Drake, Kathy  
 STREET ADDRESS 212 Bluebird Lane  
 CITY-ST-ZIP St. Augustine FL 32084

TITLE VD ☐ Delete  
 NAME STRATTON, CLAY  
 STREET ADDRESS 441 OCEAN VISTA AVE.  
 CITY-ST-ZIP ST. AUGUSTINE FL 32084

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

TITLE TD ☒ Delete  
 NAME DRAKE, KATHY  
 STREET ADDRESS 212 BLUEBIRD LANE  
 CITY-ST-ZIP ST. AUGUSTINE FL 32084

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

TITLE TD ☐ Delete  
 NAME STRATTON, WENDY  
 STREET ADDRESS 441 OCEAN VISTA AVE.  
 CITY-ST-ZIP ST. AUGUSTINE FL 32084

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

TITLE SD ☐ Delete  
 NAME KESHNER, SHERRIE  
 STREET ADDRESS 37 MANRESA RD.  
 CITY-ST-ZIP ST. AUGUSTINE FL 32095

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

TITLE VD ☐ Delete  
 NAME BRADY, SUSAN  
 STREET ADDRESS 118 ARREDONDO  
 CITY-ST-ZIP ST. AUGUSTINE FL 32084

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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/31/00

829-6481 ext 351

CR2E037 (5/00)