

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 06, 2001 08:00 AM****Secretary of State****DOCUMENT # N99000002964**

1. Entity Name

ST. JOHNS COUNTY CULTURAL COUNCIL, INC.

Principal Place of Business

12326 ARBOR DRIVE

PONTE VEDRA BEACH  
32082

FL

Mailing Address

PO BOX 2164

ST. AUGUSTINE  
32086

FL

2. Principal Place of Business

44 AVENIDA MENENDEZ

3. Mailing Address

44 AVENIDA MENENDEZ

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City &amp; State

ST. AUGUSTINE

FL

City &amp; State

ST. AUGUSTINE

FL

4. FEI Number

**59-3581209**

Applied For

Not Applicable

Zip

32084

Country

Zip

32084

Country

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent**ROBERT HENRY F  
12325 ARBOR DRIVEPONTE VEDRA BEACH  
32082

FL

**7. Name and Address of New Registered Agent**

Name

JERTSON JAN

Street Address (P.O. Box Number is Not Acceptable)  
17 BRIDGE 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 **JAN JERTSON****04/06/2001**

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	D	<input type="checkbox"/> Delete
NAME	WEEKS LEN	
STREET ADDRESS	12326 ARBOR DRIVE	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROBERT HENRY FJR.	
STREET ADDRESS	12326 ARBOR DRIVE	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	D	<input type="checkbox"/> Delete
NAME	FEATHERSTON GEORGE	
STREET ADDRESS	12326 ARBOR DRIVE	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPAULDING JAMES R	
STREET ADDRESS	12326 ARBOR DRIVE	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	D	<input type="checkbox"/> Delete
NAME	ARBIZZANI L. JOHN	
STREET ADDRESS	12326 ARBOR DRIVE	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	D	<input type="checkbox"/> Delete
NAME	JERTSON JAN	
STREET ADDRESS	12326 ARBOR DRIVE	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	

**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	FEATHERSTON GEORGE	
STREET ADDRESS	44 AVENIDA MENENDEZ	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPAULDING JAMES R	
STREET ADDRESS	44 AVENIDA MENENDEZ	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARBIZZANI L. JOHN	
STREET ADDRESS	44 AVENIDA MENENDEZ	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JERTSON JAN	
STREET ADDRESS	44 AVENIDA MENENDEZ	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	

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: Jan Jertson**

d

04/06/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)

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**GENE SMITH, DIRECTOR**

**44 AVENIDA MENENDEZ  
ST. AUGUSTINE, FL 32084**

**SALLY ANN FREEMAN, DIRECTOR**

**44 AVENIDA MENENDEZ  
ST. AUGUSTINE, FL 32084**

**JOHN REARDON, DIRECTOR**

**44 AVENIDA MENENDEZ  
ST. AUGUSTINE, FL 32084**