

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90042 044 ****61.25

DOCUMENT # N99000002964

1. Entity Name

ST. JOHNS COUNTY CULTURAL COUNCIL, INC.

Principal Place of Business

Mailing Address

~~44 AVENIDA MENENDEZ~~
~~ST. AUGUSTINE FL 32084~~

17 Bridge St
 St Augustine FL 32084

~~44 AVENIDA MENENDEZ~~
~~ST. AUGUSTINE FL 32084~~

17 Bridge St
 St Augustine FL 32084

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

59-3581209

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JERTSON, JAN
17 BRIDGE 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.

JAN JERTSON

(NOTE: Registered Agent signature required when reinstating)

DATE

2/11/02

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 **D** ☐ Delete
 NAME **JERTSON, JAN**
 STREET ADDRESS **44 AVENIDA MENENDEZ 17 Bridge St.**
 CITY-ST-ZIP **ST. AUGUSTINE FL 32084**

TITLE **D** ☐ Change ☒ Addition
 NAME **David Johnson**
 STREET ADDRESS **84 Coquina Ave**
 CITY-ST-ZIP **St Augustine FL 32080**

TITLE **D** ☒ Delete
 NAME **ARBIZZANI, L. JOHN**
 STREET ADDRESS **44 AVENIDA MENENDEZ**
 CITY-ST-ZIP **ST. AUGUSTINE FL 32084**

TITLE **D** ☐ Change ☒ Addition
 NAME **Les Thomas**
 STREET ADDRESS **32 Cordova St**
 CITY-ST-ZIP **St Augustine FL 32084**

TITLE **D** ☐ Delete
 NAME **SPAULDING, JAMES R**
 STREET ADDRESS **44 AVENIDA MENENDEZ 32 Dolphin Dr**
 CITY-ST-ZIP **ST. AUGUSTINE FL 32084 32080**

TITLE **D** ☐ Change ☒ Addition
 NAME **Craig Thomson**
 STREET ADDRESS **6 D St.**
 CITY-ST-ZIP **St Augustine FL 32080**

TITLE **D** ☒ Delete
 NAME **FEATHERSTON, GEORGE**
 STREET ADDRESS **44 AVENIDA MENENDEZ**
 CITY-ST-ZIP **ST. AUGUSTINE FL 32084**

TITLE **D** ☐ Change ☒ Addition
 NAME **Becky Williams**
 STREET ADDRESS **10 Ocean Dr**
 CITY-ST-ZIP **St Augustine FL 32080**

TITLE **D** ☒ Delete
 NAME **WEEKS, LEN**
 STREET ADDRESS **12326 ARBOR DRIVE**
 CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE **D** ☒ Change ☒ Addition
 NAME **Farid Ashdji**
 STREET ADDRESS **a Heron Circle**
 CITY-ST-ZIP **St Augustine FL 32080**

TITLE **D** ☐ Delete
 NAME **Sally Ann Freeman**
 STREET ADDRESS **134 Marwe St**
 CITY-ST-ZIP **St Augustine FL 32084**

TITLE **D** ☐ Change ☒ Addition
 NAME **Len weeks**
 STREET ADDRESS **62 Hypolita St**
 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)(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 REQUIRED
JAMES R SPAULDING **2/11/02** **9047986972**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)