

# 2000 UNIFORM BUSINESS REPORT (UBR)

5/3

**FILED**  
**Jul 11, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90111 036 \*\*\*\*61.25

**DOCUMENT # N99000004798**

1. Entity Name

FIRST TEE OF ST. JOHNS COUNTY, INC.

Principal Place of Business

120 CHARLOTTE STREET  
 ST. AUGUSTINE FL 32084

Mailing Address

120 CHARLOTTE STREET  
 ST. AUGUSTINE FL 32084-3602

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

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

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

7. Name and Address of New Registered Agent

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

*Christopher Smith for Joseph L. Boles Jr.*

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	SMITH, CHRIS	
STREET ADDRESS	309 AMELIA CT.	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HAFEMAN, MARY	
STREET ADDRESS	145 TURTLE BAY LANE	
CITY-ST-ZIP	S. PONTE VEDRA FL 32082	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JACKSON, THOMAS	
STREET ADDRESS	917 CHIPPEWA STREET	
CITY-ST-ZIP	ST. AUGUSTINE FL 32086	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HENDERICKSON, STEVE	
STREET ADDRESS	3411 LANDS END DRIVE	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	<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	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Christopher Smith*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-6-00

Date

Daytime Phone #

CR2E037 (9/99)