## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N9900006748

1. Entity Name

Zip

SIGNATURE

WALKER, SUSAN D 6960 CATLETT ROAD ST. AUGUSTINE FL 32095

## THE ST. AUGUSTINE LIONS FOUNDATION, INC.

Country

6. Name and Address of Current Registered Agent

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

Country

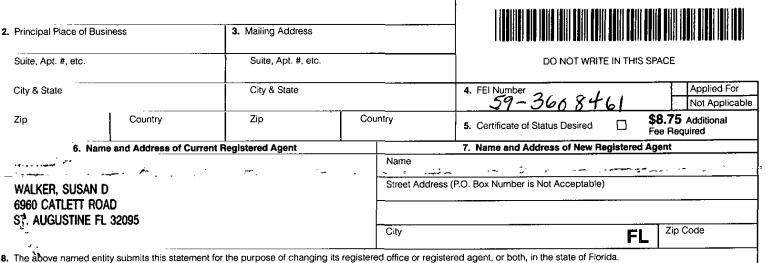
(NOTE: Registered Agent signature required when reinstating)

Principal Place of Business	Mailing Address				
PO BOX 3627 ST. AUGUSTINE FL 32085-3627	PO BOX 3627 ST. AUGUSTINE FL 32085-3627				
2. Principal Place of Business	3. Mailing Address	<u></u>			
Suite, Apt. #, etc.	Suite, Apt. #, etc.				
City & State	City & State	<del></del>			

Zip

## **FILED** Aug 21, 2000 8:00 am Secretary of State

08-21-2000 90207 013 \*\*\*\*61.25



		<b>9.</b> Election Campa Trust Fund Cont	_ <b></b>		Make Check Payable to Department of State				
10.	OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROSS, WILLIAM L 733 PALM HAMMOCK ST. AUGUSTINE FL 32095	<b>∑</b> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	NANCY 3212 Tu St. Aug	HIGGNS RTLE CREEK USTINE, FI	Change RD 32088	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURNS, JAMES S 4600 A1A S. VDL-3-1 ST. AUGUSTINE FL 32084	☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	MARY 1 630 WES ST. AUGU	VORTHEY # T POPE RO 1: USTINE, FLI				
NAME STREET ADDRESS CITY-ST-ZIP	DCOVATO, RONALD J 9269 JULY LANE ST. AUGUSTINE FL 32095	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Marsharina Cir STINE,FL	- □ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		, , , , , , , , , , , , , , , , , , ,	Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		•	☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition		
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 all other like empowered.									