

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Aug 21, 2000 8:00 am  
Secretary of State

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

DOCUMENT # N99000006748

1. Entity Name

THE ST. AUGUSTINE LIONS FOUNDATION, INC.

P

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3608461

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

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

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	D	<input checked="" type="checkbox"/> Delete
NAME	CROSS, WILLIAM L	
STREET ADDRESS	733 PALM HAMMOCK	
CITY-ST-ZIP	ST. AUGUSTINE FL 32095	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURNS, JAMES S	
STREET ADDRESS	4600 A1A S. VDL-3-1	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	
TITLE	D	<input type="checkbox"/> Delete
NAME	COVATO, RONALD J	
STREET ADDRESS	9269 JULY LANE	
CITY-ST-ZIP	ST. AUGUSTINE FL 32095	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	NANCY HIGGINS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3212 TURTLE CREEK RD	
STREET ADDRESS	ST. AUGUSTINE, FL 32086	
CITY-ST-ZIP		
TITLE	MARY NORTHEY #	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	630 WEST POPE RD 12	
STREET ADDRESS	ST. AUGUSTINE, FL 32080	
CITY-ST-ZIP		
TITLE	JOANNA MARSH	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	470 CASUARINA CIR	
STREET ADDRESS	ST. AUGUSTINE, FL 32086	
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:

*Nancy Higgins*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-15-00

Date

Daytime Phone #

CR2E037 (5/00)