

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006748

1. Entity Name

THE ST. AUGUSTINE LIONS FOUNDATION, INC.

**FILED**  
May 10, 2001 8:00 am  
Secretary of State

05-10-2001 90043 032 \*\*\*\*\*61.25

0007836

Principal Place of Business

Mailing Address

PO BOX 3627  
ST. AUGUSTINE FL 32085-3627

PO BOX 3627  
ST. AUGUSTINE FL 32085-3627

00000143



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3608461

Applied For

Not Applicable

Zip

Country

Zip

Country

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

*Susan D Walker*

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

(NOTE: Registered Agent signature required when reinstating)

4/26/01

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

T  
HIGGINS, NANCY  
3212 TURTLE CREEK RD  
SAINT AUGUSTINE FL 32086

☐ Delete

☐ Change ☐ Addition

D  
BURNS, JAMES S  
4600 A1A S. VDL-3-1  
ST. AUGUSTINE FL 32084

☐ Delete

☐ Change ☐ Addition

D  
COVATO, RONALD J  
9269 JULY LANE  
ST. AUGUSTINE FL 32095

☐ Delete

☐ Change ☐ Addition

D  
NORTHEY, MARY  
630 W POPE RD #12  
SAINT AUGUSTINE FL 32080

☐ Delete

☐ Change ☐ Addition

D  
MARSH, JOANNA  
470 CASUARINA CIR  
SAINT AUGUSTINE FL 32086

☐ Delete

☐ Change ☐ Addition

☐ Delete

☐ 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 an address, with all other like empowered.

SIGNATURE:

*Susan D Walker*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01

(904) 826-0011

Date

Daytime Phone #

CR2E037 (10/00)