

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90780 014 ****61.25

DOCUMENT # N99000006748

1. Entity Name

THE ST. AUGUSTINE LIONS FOUNDATION, INC.

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

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 ☐ Delete
 NAME **HIGGINS, NANCY**
 STREET ADDRESS **3212 TURTLE CREEK RD**
 CITY-ST-ZIP **SAINT AUGUSTINE FL 32086**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Delete
 NAME **BURNS, JAMES S**
 STREET ADDRESS **4800 ATA S. VOL-3-1**
 CITY-ST-ZIP **ST. AUGUSTINE FL 32084**

TITLE ☒ Change ☐ Addition
 NAME **Jim BARRETT**
 STREET ADDRESS **8130 AIA SOUTH**
 CITY-ST-ZIP **ST AUGUSTINE FL 32086**

TITLE ☐ Delete
 NAME **COVATO, RONALD J**
 STREET ADDRESS **9269 JULY LANE**
 CITY-ST-ZIP **ST. AUGUSTINE FL 32095**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Delete
 NAME **NORTHEY, MARY**
 STREET ADDRESS **630 W POPE RD #12**
 CITY-ST-ZIP **SAINT AUGUSTINE FL 32080**

TITLE ☒ Change ☐ Addition
 NAME **Robert Kershner**
 STREET ADDRESS **611 AUGUSTA Circle**
 CITY-ST-ZIP **St. AUGUSTINE, FL 32084**

TITLE ☒ Delete
 NAME **MARSH, JOANNA**
 STREET ADDRESS **470 CASUARINA CIR**
 CITY-ST-ZIP **SAINT AUGUSTINE FL 32086**

TITLE ☒ Change ☐ Addition
 NAME **DOMINIC MERCURIO**
 STREET ADDRESS **235 SR 207**
 CITY-ST-ZIP **St. Aug FL 32086**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Signature Required

4-3-02 904-819-4421

CR2E037 (9/01)