

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90992 045 ****61.25

DOCUMENT # N99000006748

1. Entity Name

THE ST. AUGUSTINE LIONS FOUNDATION, INC.



Principal Place of Business

**PO BOX 3627
ST. AUGUSTINE FL 32085-3627**

Mailing Address

**PO BOX 3627
ST. AUGUSTINE FL 32085-3627**

Change Address



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

PO Box 860240

3. Mailing Address

PO Box 860240

Suite, Apt. #, etc.

ST. Augustine

Suite, Apt. #, etc.

ST Augustine

City & State

Florida 32086

City & State

Florida

Zip

USA

Zip

32086

Country

USA

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WALKER, SUSAN D
6960 CATLETT ROAD
ST. AUGUSTINE FL 32085**

7. Name and Address of New Registered Agent

Name **ARTHUR MOORE**
Street Address (P.O. Box Number is Not Acceptable)
262 ST George ST
ST Augustine, FL 32084
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. I am familiar with, and accept the obligations of registered agent.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-25-03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

TITLE **BARRETT, JIM** ☐ Delete
NAME
STREET ADDRESS **8130 AIA SOUTH**
CITY-ST-ZIP **SAINT AUGUSTINE FL 32086**

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

TITLE **KERSHNER, ROBERT** ☐ Delete
NAME
STREET ADDRESS **611 AUGUSTA CIRCLE**
CITY-ST-ZIP **SAINT AUGUSTINE FL 32084**

TITLE **MERCURIO, DOMINIC** ☒ Delete
NAME
STREET ADDRESS **235 SR 207**
CITY-ST-ZIP **SAINT AUGUSTINE FL 32086**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **ARTHUR MOORE** ☒ Change ☒ Addition
NAME
STREET ADDRESS **262 ST George ST**
CITY-ST-ZIP **ST Augustine FL 32084**

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

TITLE **PD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE **FIN BARRETT** ☒ Change ☒ Addition
NAME
STREET ADDRESS **8130 AIA S**
CITY-ST-ZIP **ST Augustine, FL 32086**

TITLE **Nancy Higgins** ☒ Change ☐ Addition
NAME
STREET ADDRESS **3212 Turtle Creek**
CITY-ST-ZIP **ST Augustine FL 32086**

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**

4-25-03 904-827-1235

CR2E037 (10/02)