

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000007490

1. Entity Name

ST. JOHNS COUNTY PAW PARK COMMITTEE, INC.

Principal Place of Business

85 CATALINA CIRCLE  
ST. AUGUSTINE FL 32086

Mailing Address

85 CATALINA CIRCLE  
ST. AUGUSTINE FL 32086

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

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

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 *Leo F. Farrell*  
Signature, typed or printed name of registered agent and title in 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	PD	<input type="checkbox"/> Delete
NAME	O'FARRELL, LEO F	
STREET ADDRESS	85 CATALINA CIRCLE	
CITY-ST-ZIP	ST. AUGUSTINE FL 32086	
TITLE	TD	<input type="checkbox"/> Delete
NAME	O'FARRELL, KATHLEEN	
STREET ADDRESS	85 CATALINA CIRCLE	
CITY-ST-ZIP	ST. AUGUSTINE FL 32086	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	LONDON, BILLIE	
STREET ADDRESS	67 LEMON ST.	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRIDSON, DON	
STREET ADDRESS	3605 CRAZY HORSE TRL	
CITY-ST-ZIP	ST. AUGUSTINE FL 32086	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAUL ENG	
STREET ADDRESS	151 LAGUNA TR	
CITY-ST-ZIP	ST AUGUSTINE, FL 32086	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SEANNETTE RIBACK	
STREET ADDRESS	5490 ATLANTIC VIEW	
CITY-ST-ZIP	ST AUGUSTINE, FL 32084	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CINDY HARRISON	
STREET ADDRESS	5860 US 9 SOUTH	
CITY-ST-ZIP	ST AUGUSTINE, FL 32086	
TITLE	PC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEO F. O'FARRELL	
STREET ADDRESS	85 CATALINA CIR	
CITY-ST-ZIP	ST AUGUSTINE, FL 32086	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATHLEEN O'FARRELL	
STREET ADDRESS	85 CATALINA CIR	
CITY-ST-ZIP	ST AUGUSTINE, FL 32086	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Apr 10, 2000 8:00 am  
Secretary of State

04-10-2000 90034 027 \*\*\*\*61.25

C0055924



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)