

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

FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90040 009 ****61.25

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

**PO BOX 861071
SAINT AUGUSTINE FL 32086**

2. Principal Place of Business

1591 WILLOWOOD DRIVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

"TREATY PARK"

City & State

ST AUGUSTINE, FLORIDA

City & State

City & State

Zip

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4. FEI Number **59-3612590**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**O'FARRELL, LEO F
85 CATALINA CIRCLE
ST. AUGUSTINE FL 32086**

7. Name and Address of New Registered Agent

Name **O'FARRELL, LEO F**
Street Address (P.O. Box Number is Not Acceptable)

1505 SR 207

City **ST AUGUSTINE**

FL

Zip Code

32086

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PC	<input type="checkbox"/> Delete
NAME	O'FARRELL, LEO F	
STREET ADDRESS	85 CATALINA CIRCLE	
CITY-ST-ZIP	ST. AUGUSTINE FL 32086	
TITLE	D	<input type="checkbox"/> Delete
NAME	ENE, PAM	
STREET ADDRESS	151 LAGUNA TR--	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32086	
TITLE	D	<input type="checkbox"/> Delete
NAME	BENJAMIN, CHRIS	
STREET ADDRESS	9 DAVIS ST	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32084	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHMICK, SHERRY L	
STREET ADDRESS	9 DAVIS ST	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32084	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'FARRELL, LEO F	
STREET ADDRESS	1505 SR 207	
CITY-ST-ZIP	ST AUGUSTINE, FL 32086	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Leo F. Farrell **3/3/03** **904540-0495**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)