

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000034227

i. Entity Name

ST. AUGUSTINE ENTERTAINMENT G.P., INC.

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90028 001 ***158.75

Principal Place of Business

Mailing Address

S OF HILLS EXPWY
307
MO 65616

66 CUNA ST. SUITE A
ST AUGUSTINE FL 32084-3684

2. Principal Place of Business

3. Mailing Address

3044 S. OF HILLS EXPWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 307

City & State

City & State

BRANSON, MO

4. FEI Number

43-1785141

Applied For

Not Applicable

Zip

Country

Zip

Country

65616

USA

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

DOBSON, GEOFFREY B
66 CUNA ST, SUITE A
ST AUGUSTINE FL 32084

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

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP
NAME JOHNSON, K G
STREET ADDRESS 1495 LANDS END ROAD
CITY-ST-ZIP MANALAPAN FL 33462 ☐ Delete

TITLE Asst. Corp. Secretary ☐ Change ☒ Addition
NAME STEWART, PEGGY
STREET ADDRESS 3044 SHEPHERD OF THE HILLS
CITY-ST-ZIP BRANSON, MO 65616

TITLE D
NAME KRESGE, KENNETH R
STREET ADDRESS 200 MALAGA ST
CITY-ST-ZIP ST AUGUSTINE FL 32084 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP ☐ Delete

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

REQUIRED
Signature and typed or printed name of signing officer or director
Peggy Stewart, Asst. Corp Secretary

2/28/2000

(417) 339-4405

Date

Daytime Phone #

CR2E034 (9/99)