

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000091501

1. Entity Name  
ST. AUGUSTINE'S HOUSE OF IRELAND, INC.

Principal Place of Business  
139 ST GEORGE ST  
ST AUGUSTINE FL 32084  
US

Mailing Address  
139 ST GEORGE ST  
ST AUGUSTINE FL 32084  
US

2. Principal Place of Business  
3. Mailing Address

Suite, Apt. #, etc.  
Suite, Apt. #, etc.

City & State  
City & State

Zip  
Zip

Country  
Country

4. FEI Number  
**59-3479221**  
Applied For  
Not Applicable

5. Certificate of Status Desired  
 **\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

PERKINS, DAVID A  
139 ST GEORGE STREET  
ST AUGUSTINE FL 32084

## 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

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, 2002 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PTD**  
PERKINS, DAVID A  
118 WEST ORANGE STREET  
ALTAMONTE SPRINGS FL 32714

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VSD**  
PERKINS, JANICE R  
118 WEST ORANGE STREET  
ALTAMONTE SPRINGS FL 32714

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 Change  
 Addition

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: *J.R. Perkins*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SECRETARY

4/8/02

407 932 3517

Date

Daytime Phone #

CR2E034 (9/01)