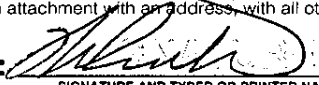


2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2002 8:00 am
Secretary of State

04-07-2002 90073 037 ***150.00

0572341 AT

DOCUMENT # P97000096210			
1. Entity Name ST. AUGUSTINE RESORT DEVELOPMENT GROUP, INC.			
Principal Place of Business 920 THIRD AVE NEW SMYRNA BEACH FL 32169		Mailing Address 115 LONG WHARF; POB 2000 NEWPORT RI 02840	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
O'LOUGHLIN, DIANA 776 DRIFTWOOD CIRCLE PONTE VEDRA BEACH FL 32082		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 _____ (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) <input type="checkbox"/>		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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BREEDEN, RICHARD C <input type="checkbox"/> Delete 115 LONG WHARF NEWPORT RI 02840		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS, R. PERRY <input type="checkbox"/> Delete 115 LONG WHARF NEWPORT RI 02840		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMEL, THOMAS <input checked="" type="checkbox"/> Delete 115 LONG WHARF NEWPORT RI 02840		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WINKLER, RICHARD G <input type="checkbox"/> Delete 115 LONG WHARF NEWPORT RI 02840		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President and Secretary <input type="checkbox"/> Change <input type="checkbox"/> Addition Richard Winkler 115 Long Wharf Newport, RI 02840		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President <input type="checkbox"/> Change <input type="checkbox"/> Addition James Mercurio (same as above)		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 		Richard Winkler, President Date March 19, 2002 Daytime Phone # _____	



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)