

# 2001 UNIFORM BUSINESS REPORT (UBR)

5

**FILED**  
**May 29, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90927 016 \*\*\*150.00

**DOCUMENT # P99000015717**

1. Entity Name

**ST. AUGUSTINE LEASING CORP.**

Principal Place of Business

6800 SW 84 STREET  
 MIAMI FL 33143

Mailing Address

6800 SW 84 STREET  
 MIAMI FL 33143

2. Principal Place of Business

**7440 SW 50<sup>th</sup> TERRACE**

3. Mailing Address

**7440 SW 50<sup>th</sup> TERRACE**

Suite, Apt. #, etc.

**109**

Suite, Apt. #, etc.

**109**

City & State

**MIAMI Florida**

City & State

**MIAMI FL**

Zip

**33155**

Country

**USA**

Zip

**33155**

Country

**USA**

4. FEI Number **65-0894943**

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

~~HARRIS, THOMAS J~~  
~~9100 SW 102 ST~~  
~~MIAMI FL 33156~~

**Harris, Charles M**  
**101 E. Kennedy Blvd**  
**Suite 2700**  
**Tampa FL 33602**

**Charles M. Harris**  
 Street Address (P.O. Box Number is Not Acceptable)  
**101 E. Kennedy Blvd.**  
**Suite 2700**  
 City **Tampa** FL Zip Code **33602**

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 **Charles Harris**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**5/23/01**

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD BRUCE, JANE E 6801 SW 66 AVE MIAMI FL 33143</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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
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: **Jane E Bruce**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/23/2001**

Date

**305-465-3085**

Daytime Phone #

CR2E034 (10/00)