

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State
 05-01-2002 91589 024 ***150.00

DOCUMENT # V17714

1. Entity Name

HISTORIC ST. GEORGE STREET PROPERTIES, INC.

Principal Place of Business

**1750 A1A SOUTH
 SUITE D
 ST AUGUSTINE FL 32084
 US**

Mailing Address

**1750 A1A SOUTH
 SUITE D
 ST AUGUSTINE FL 32084
 US**

2. Principal Place of Business

3670 U S 1 South

3. Mailing Address

3670 U S 1 South

Suite, Apt. #, etc.

290

Suite, Apt. #, etc.

290

City & State

St. Augustine, FL

City & State

St. Augustine, FL

Zip

Country

32086

St. Johns

Zip

32086

Country

St. Johns

4. FEI Number

59-3116246

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**BINNINGER, STEVEN P
 305 A1A BEACH BLVD
 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

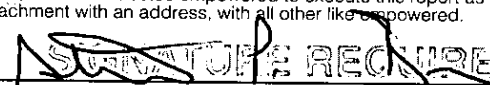
TITLE	P	<input type="checkbox"/> Delete
NAME	BINNINGER, STEVEN P.	
STREET ADDRESS	305 A1A BEACH BLVD	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	FLOYD, UEAL D.	
STREET ADDRESS	312 ST JOHNS AVE	
CITY-ST-ZIP	PALATKA FL 32178	
TITLE	ST	<input type="checkbox"/> Delete
NAME	FRASER, JOHN W	
STREET ADDRESS	648 FRANCES AVE.	
CITY-ST-ZIP	ST. AUGUSTINE FL 32086	
TITLE	V	<input type="checkbox"/> Delete
NAME	KNAPP, DAVID	
STREET ADDRESS	6165 WEATHERLY DR. NW	
CITY-ST-ZIP	ATLANTA GA 30328	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:


 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
STEVEN P. BINNINGER

Date

Daytime Phone #

4-15-02 9043779 999

CR2E034 (9/01)