2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000006232

Entity Name: UF HISTORIC ST. AUGUSTINE, INC.

FILED Jan 31, 2022 Secretary of State 4089194591CC

Current Principal Place of Business:

48 KING STREET **GOVERNMENT HOUSE** ST. AUGUSTINE, FL 32084

Current Mailing Address:

48 KING STREET **GOVERNMENT HOUSE** ST. AUGUSTINE, FL 32084 US

FEI Number: 27-4751236 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FORD, MICHAEL W **ROOM 123, TIGERT HALL** UNIVERSITY OF FLORIDA GAINESVILLE, FL 32611-3125 US

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:

City-State-Zip:

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title Title D

Name LASTINGER, ALLEN Name DEAGAN, KATHLEEN

GOVERNMENT HOUSE, 48 KING **GOVERNMENT HOUSE, 48 KING** Address Address

STREET STREET

City-State-Zip: ST. AUGUSTINE FL 32084 City-State-Zip: ST. AUGUSTINE FL 32084

Title Title **DIRECTOR** TS

Name POPPELL, ED Name GONZALEZ, RICK

Address **48 KING STREET** Address 48 KING STREET

> **GOVERNMENT HOUSE GOVERNMENT HOUSE**

ST. AUGUSTINE FL 32084 City-State-Zip: ST. AUGUSTINE FL 32084

Title DIRECTOR Title DIRECTOR

SLESNICK, DON SHEPARD, HERSCHEL Name Name

Address **48 KING STREET** Address 48 KING STREET

GOVERNMENT HOUSE GOVERNMENT HOUSE

City-State-Zip: ST. AUGUSTINE FL 32084 City-State-Zip: ST. AUGUSTINE FL 32084

Title DIRECTOR Title DIRECTOR

Name ROBINSON, WILLIAM Name FRANCIS, MICHAEL

Address 48 KING STREET Address 48 KING STREET **GOVERNMENT HOUSE**

GOVERNMENT HOUSE

ST. AUGUSTINE FL 32084 ST. AUGUSTINE FL 32084 City-State-Zip: City-State-Zip:

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

01/31/2022 SIGNATURE: ED POPPELL LIAISON

Officer/Director Detail Continued:

Title **DIRECTOR** Name GORDON, BUFF Address **48 KING STREET**

GOVERNMENT HOUSE

ST. AUGUSTINE FL 32084 City-State-Zip:

Title **DIRECTOR**

Name ELLIS, CHARLES

Address 725 WILLOW WOOD PLACE

City-State-Zip: ST. AUGUSTINE FL 32086

Title **DIRECTOR**

Name JOYNER, JOSEPH FLAGLER COLLEGE Address

City-State-Zip: ST. AUGUSTINE FL 32080

Title DIRECTOR Name WILES, DOUG

Address 405 NIGHT HAWK LANE

City-State-Zip: ST. AUGUSTINE FL 32080

Title DIRECTOR

FRASER, JOHN Name

108 ISLAND HAMMOCK WAY Address City-State-Zip: ST. AUGUSTINE FL 32080

Title **DIRECTOR**

Name WILLIS, THOMAS

Address THE BASILICA OF ST. AUGUSTINE

City-State-Zip: ST. AUGUSTINE FL 32080