2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # 435615** Apr 21, 2000 8:00 am Secretary of State ST. ANDREWS MANAGEMENT COMPANY. INC. 04-21-2000 90183 016 ***150.00 Principal Place of Business Mailing Address 4475 N. OCEAN BOULEVARD 4475 N. OCEAN BOULEVARD DELRAY BEACH FL 33483-7501 DELRAY BEACH FL 33483-7508 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite. Apt. #. etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-1482988 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JOH, ERIK E. Street Address (P.O. Box Number is Not Acceptable) 4600 N. OCEAN BLVD. **BOYNTON BEACH FL 33435** City Zip Code Fl 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy, its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ND DIRECTORS IN 11 ☐ Delete ☐ Change Addition TITLE TITLE BONGARD, GORDON NAME NAME STREET ADDRESS STREET ADDRESS 4475 N. OCEAN BLVD CITY-ST-7IP CITY-ST-ZIP DELRAY BEACH FL 33483 VRE ☐ Delete TITLE Change ☐ Addition TITLE STEELE, PAUL J. NAME STREET ADDRESS 4475 N. OCEAN BLVD. STREET ADDRESS CITY-ST-ZIP DELRAY BEACH FL CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE DALTON, PETER NAME NAME 4475 N. OCEAN BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **DELRAY BEACH FL 33483** CITY-ST-ZIP Addition Delete ☐ Change TITLE TITLE THURBER, PETER P NAME NAME 4475 N OCEAN BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP **DELRAY BEACH FL 33483** Delete ☐ Change Addition TITLE TITLE ENTERLINE, NANCY NAME **PMAN** 4475 N OCEAN BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **DELRAY BEACH FL 33483** CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE BEE, JOHN M NAME NAME 4475 N OCEAN BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH FL 33483

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 piner like empowered.

AULJ MEETE

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/00

561.266.5700