

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90034 004 ****61.25

DOCUMENT # N97000003982

1. Entity Name

SAINT ANDREWS CHAPEL, INC.

Principal Place of Business

Mailing Address

1075 N. C.R. 427
 LONGWOOD FL 32750

1075 N. C.R. 427
 LONGWOOD FL 32750

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3456651

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

RIZZO, GUY
123 WISTERIA DR.
LONGWOOD FL 32779

Name

Charles A. Tovey

Street Address (P.O. Box Number is Not Acceptable)

1075 N. CR 427

City

Longwood

FL

Zip Code

32750

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 \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **S** ☒ Delete
 NAME **RIZZO, GUY**
 STREET ADDRESS **123 WISTERIA DR**
 CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE **D** ☐ Change ☒ Addition
 NAME **Timothy Bonarrigo**
 STREET ADDRESS **5746 White Acres Lane**
 CITY-ST-ZIP **Port Orange, FL 32127**

TITLE **D** ☐ Delete
 NAME **BUCHMAN, DAVID**
 STREET ADDRESS **2144 BLUE IRIS PL**
 CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE **D** ☐ Change ☒ Addition
 NAME **Warren Reek, Jr.**
 STREET ADDRESS **6605 Citrus Valley Dr.**
 CITY-ST-ZIP **Orlando, FL 32812**

TITLE **DP** ☐ Delete
 NAME **TOVEY, CHARLES A**
 STREET ADDRESS **1660 CHEYENNE TRAIL**
 CITY-ST-ZIP **MAITLAND FL 32751**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **IAMIO, TOM**
 STREET ADDRESS **457 LAKE SHORE DR.**
 CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE **D/S** ☒ Change ☐ Addition
 NAME **Tom Iamaio**
 STREET ADDRESS **457 Lake Shore Dr.**
 CITY-ST-ZIP **Lake Mary, FL 32746**

TITLE **D** ☐ Delete
 NAME **SPROUL, RC**
 STREET ADDRESS **400 TECHNOLOGY PARK**
 CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **ROWLEY, JOHN**
 STREET ADDRESS **212 ANGLER AVE**
 CITY-ST-ZIP **DELTONA FL 32725**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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

Date

Daytime Phone #

CR2E037 (9/01)