

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90007 013 ****61.25

DOCUMENT # N98000002408

1. Entity Name

ST. ANDREW'S SOCIETY OF SOUTHWEST FLORIDA, INC.

036888



DO NOT WRITE IN THIS SPACE

Principal Place of Business % US TRUST COMPANY OF FLORIDA 765 SEAGATE DR. NAPLES FL 34103	Mailing Address % US TRUST COMPANY OF FLORIDA 765 SEAGATE DR. NAPLES FL 34103-2421
---	--

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address 40 W. MACILVAINE 522 Pine Grove Ln. Naples FL City & State Naples FL Zip 34103 Country USA
--	--

4. FEI Number 59-3564206	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MACILVAINE, WILLIAM R
% US TRUST COMPANY OF FLORIDA
765 SEAGATE DR.
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name: _____
 Street Address (P.O. Box Number is Not Acceptable)
522 Pine Grove Lane
 City **Naples** FL Zip Code **34103**

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: *William R Macilvaire* (NOTE: Registered Agent signature required when reinstating) DATE: 3/20/00

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
-------------------------------------	--	------------------------------------	--

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MACILVAINE, WILLIAM R	
STREET ADDRESS	522 PINE GROVE LANE	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MCCLINTOCK, GEORGE D	
STREET ADDRESS	2885 GULF SHORE BLVD N., #504	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BEANE, JOHN III	
STREET ADDRESS	726 1ST AVE. N.	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAMERON, DON	
STREET ADDRESS	625 RUDDER RD.	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	D	<input type="checkbox"/> Delete
NAME	BEAN, JOHN B	
STREET ADDRESS	1285 GULF SHORE BLVD., #5-B	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	D	<input type="checkbox"/> Delete
NAME	WOODHAMS, JOHN P.	
STREET ADDRESS	8171 BAY COLONY DR. #1001	
CITY-ST-ZIP	NAPLES FL 34108	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Dir.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gebbie, Douglas M.	
STREET ADDRESS	7936 Grand Bay Dr.	
CITY-ST-ZIP	Naples, FL 34108	
TITLE	Dir.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MacLea, Jr., Daniel	
STREET ADDRESS	4780 Whispering Pine Way	
CITY-ST-ZIP	Naples FL 34103	
TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McEachern, G. Carson	
STREET ADDRESS	509 Turtle Hatch Lane	
CITY-ST-ZIP	Naples, FL 34103	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Proud, James	
STREET ADDRESS	4021 Gulf Shore Blvd N. # 804 FL	
CITY-ST-ZIP	Naples 34103	
TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stark, Callum	
STREET ADDRESS	28524 Sombbrero Dr.	
CITY-ST-ZIP	Naples FL 34135	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bonita Springs	
STREET ADDRESS		
CITY-ST-ZIP		

Cameron now Secretary & Dir.

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: *William R Macilvaire* DATE: 3/20/00 DAYTIME PHONE #: 941-261-1933

CR2E037 (9/99)