

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 25, 2002 8:00 am**  
**Secretary of State**

01-25-2002 90021 034 \*\*\*\*61.25

**DOCUMENT # N98000002408**

1. Entity Name

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

Principal Place of Business

522 PINE GROVE LANE  
 NAPLES FL 34103

Mailing Address

C/O W MACILVAINE  
 522 PINE GROVE LANE  
 NAPLES FL 34103  
 US

2. Principal Place of Business

7936 Grand Bay Dr.

Suite, Apt. #, etc.

City & State  
 Naples, FL

Zip Country  
 34108 Collier

3. Mailing Address

% Dr. D. Gebbie

Suite, Apt. #, etc.

7936 Grand Bay Dr

City & State  
 Naples, FL

Zip Country  
 34108 Collier



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3564206

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MACILVAINE, WILLIAM R  
 522 PINE GROVE LANE  
 NAPLES FL 34103

7. Name and Address of New Registered Agent

Name Dr. Douglas Gebbie  
 Street Address (P.O. Box Number is Not Acceptable)  
 7936 Grand Bay Dr.,  
 City Naples FL Zip Code 34108

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*  
 Signature, typed or printed name of registered agent and title if applicable.

Jan. 7, 2002  
 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DD	MACILVAINE, WILLIAM R	522 PINE GROVE LANE	NAPLES FL 34103	<input type="checkbox"/> Delete
				change title
VD	GEBBIE, DOUGLAS M	7936 GRAND BAY DR	NAPLES FL 34108	<input type="checkbox"/> Delete
				change title
DT	PROUD, JAMES	4021 GULF SHORE BLVD #804	NAPLES FL 34103	<input type="checkbox"/> Delete
SD	CAMERON, DON	625 RUDDER RD.	NAPLES FL 34102	<input type="checkbox"/> Delete
SD	BEAN, JOHN B	1285 GULF SHORE BLVD., #5-B	NAPLES FL 34102	<input checked="" type="checkbox"/> Delete
D	WOODHAMS, JOHN P	8171 BAY COLONY DR. #1001	NAPLES FL 34108	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
D	Thomas Macchia	5645 Eluetheria way	Naples, FL 34119	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
D	Daniel Macchia, Jr.	4780 Whispering Pine way	Naples, FL 34103	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
D	David R. Patton	660 Via Menzer # 401	Naples, FL 34108	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
D	William H. Ramsay	161 Amblerwood Lane	Naples, FL 34105	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
VD	Callum Stark	28524 Sombbrero Dr.	Bonita Springs, FL 34135	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition

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*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/02 941 261-1933  
 Date Daytime Phone #

CRE037 (9/01)