

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 372446

1. Entity Name

ST. ANDREW BAY REAL ESTATE, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90129 005 ***150.00

Principal Place of Business

Mailing Address

111 W 23 ST
PANAMA CITY FL 32405-4504

111 W 23 ST
PANAMA CITY FLA 32405-4504

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

59-1362034

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

TIMMINS, STANLEY
4626 BAYWOOD DR.
LYNN HAVEN FL 32444

Name

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

City

FL

Zip Code

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME TIMMINS, STANLEY
STREET ADDRESS 4626 BAYWOOD DR.
CITY-ST-ZIP LYNN HAVEN FL

☐ Delete

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

TITLE TS
NAME RHODES, ROGER T.
STREET ADDRESS 106 CHELSEA LANE
CITY-ST-ZIP LYNN HAVEN FL 32444

☐ Delete

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

TITLE V
NAME MCCOY, ELKE
STREET ADDRESS 100 CHERRY ST APT 801
CITY-ST-ZIP PANAMA CITY FL

☐ Delete

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

TITLE D
NAME COUNTS, STEVEN G
STREET ADDRESS 3729 MARINER DRIVE
CITY-ST-ZIP PANAMA CITY BCH FL 32408

☐ Delete

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

TITLE D
NAME JONES, RON
STREET ADDRESS 6213-B PINETREE AVE
CITY-ST-ZIP PANAMA CITY BCH FL 32408

☒ Delete

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

TITLE D
NAME HODGES, KEITH
STREET ADDRESS 1306 POMPAÑO DRIVE
CITY-ST-ZIP PANAMA CITY BEACH FL 32408

☒ Delete

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

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 other like empowered.

SIGNATURE:

Stanley Timmins **Stanley Timmins**

04-19-2000

850-769-1484

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)