

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90050 047 ****61.25

DOCUMENT # 702692

1. Entity Name

SAINT ANDREW'S SCHOOL OF BOCA RATON, INC.

Principal Place of Business

Mailing Address

3900 JOG ROAD
 BOCA RATON FL 33434

3900 JOG ROAD
 BOCA RATON FL 33434

910104



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0942383

Applied For

Not Applicable

Zip

Country

Zip

Country

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

VAN VALKENBURG, KATHY J.
SAINT ANDREW'S SCHOOL
3900 JOG ROAD
BOCA RATON FL 33434

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 _____

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 NAME	ST HEYDT, MASON	<input type="checkbox"/> Delete
STREET ADDRESS	541 BANYAN ROAD	
CITY-ST-ZIP	GULFSTREAM FL	
TITLE NAME	PDT ANDREWS, GEORGE	<input type="checkbox"/> Delete
STREET ADDRESS	3900 JOG RD.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE NAME	VCT ZOBEL, ROBERT	<input type="checkbox"/> Delete
STREET ADDRESS	9200 RUTLEDGE AVENUE	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE NAME	CT ASSAF, KATHY	<input type="checkbox"/> Delete
STREET ADDRESS	21095 HAMLIN DRIVE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE NAME	T OTTO, EDGAR	<input type="checkbox"/> Delete
STREET ADDRESS	8558 HORSESHOE LANE	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/01/01 561-852-5106

CR2E037 (10/00)