

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

0062240

**DOCUMENT # 717742**

1. Entity Name

**THE ST. ANDREW SOCIETY OF FLORIDA, INC.**



Principal Place of Business

**129 COVE VIEW  
STUART FL 34994**

Mailing Address

**129 COVE VIEW  
STUART FL 34994**

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 **59-2355470**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KAY, BALCIULIS  
129 COVE VIEW  
STUART FL 34994**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Kay Balciulis*

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** ☐ Delete  
NAME **BALCIULIS, KAY**  
STREET ADDRESS **129 COVE VIEW**  
CITY-ST-ZIP **STUART FL**

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

TITLE **VD** ☐ Delete  
NAME **SPRAGUE, NANCY**  
STREET ADDRESS **4608 S.E. MARIE WAY**  
CITY-ST-ZIP **STUART FL**

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

TITLE **DP** ☐ Delete  
NAME **BROWN, FRANK**  
STREET ADDRESS **3217 COLLINGS AVE.**  
CITY-ST-ZIP **ST. AUGUSTINE FL**

TITLE ☒ Change ☐ Addition  
NAME **FRANK BROWN**  
STREET ADDRESS **1160 27th Ave**  
CITY-ST-ZIP **Vero Beach FL 32960**

TITLE **S** ☐ Delete  
NAME **LOWERY, JEAN**  
STREET ADDRESS **9801 S. A1A #199-2**  
CITY-ST-ZIP **JENSEN BCH FL**

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

TITLE **D** ☐ Delete  
NAME **BALCIULIS, CHARLES**  
STREET ADDRESS **129 COVE VIEW**  
CITY-ST-ZIP **STUART FL**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Charles Balciulis Pres.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/22/03*  
Date

*772 337 9893*  
Daytime Phone #

CR2E037 (10/02)