

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 724919

1. Entity Name

THE ST. ANDREWS CLUB, INC.

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90172 039 \*\*\*\*61.25

Principal Place of Business

Mailing Address

4475 N OCEAN BOULEVARD  
DELRAY BCH FL 33483

4475 N OCEAN BOULEVARD  
DELRAY BCH FL 33483-7508

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1482400

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

MCKEY, JOHN D., ESQUIRE  
551 SE 8TH ST.  
DELRAY BEACH FL 33444

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 ☐ Delete  
NAME D  
STREET ADDRESS HEARD, W. ALEXANDER  
CITY-ST-ZIP 4475 N OCEAN BLVD  
DELRAY BEACH FL 33483

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

TITLE ☐ Delete  
NAME TD  
STREET ADDRESS LOWDEN, STEPHENS B.  
CITY-ST-ZIP 4475 N. OCEAN BLVD.  
DELRAY BCH. FL 33483

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

TITLE ☐ Delete  
NAME AS  
STREET ADDRESS RICHARD, FRANCIS  
CITY-ST-ZIP 4475 N. OCEAN BLVD.  
DELRAY BCH, FL 00000

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

TITLE ☐ Delete  
NAME VD  
STREET ADDRESS PATON, ELIZABETH M  
CITY-ST-ZIP 4475 N. OCEAN BLVD.  
DELRAY BEACH FL 33483

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

TITLE ☒ Delete  
NAME PD  
STREET ADDRESS BONE, BRUCE C.  
CITY-ST-ZIP 4475 N. OCEAN BLVD.  
DELRAY BEACH FL

TITLE ☐ Change ☒ Addition  
NAME VD  
STREET ADDRESS E. HENRY FOLTZ  
CITY-ST-ZIP 4475 N. OCEAN BLVD  
DELRAY BEACH, FL 33483

TITLE ☐ Delete  
NAME SD  
STREET ADDRESS KERSEY, RICHARD E  
CITY-ST-ZIP 4475 N. OCEAN BLVD.  
DELRAY BEACH FL 33483

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 26 / 00 (561) 2665711  
Date Daytime Phone #

CR2E037 (9/99)