

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91508 047 ****61.25

DOCUMENT # 724919

1. Entity Name

THE ST. ANDREWS CLUB, INC.

Principal Place of Business

Mailing Address

**4475 N OCEAN BOULEVARD
 DELRAY BCH FL 33483**

**4475 N OCEAN BOULEVARD
 DELRAY BCH FL 33483**

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**

DO NOT WRITE IN THIS SPACE



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

TITLE NAME ☐ Change ☒ Addition
TD DONCASTER, DAVID
 STREET ADDRESS **4475 N. OCEAN BLVD.**
 CITY-ST-ZIP **DELRAY BEACH, FL 33483**

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

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

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

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

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

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

TITLE NAME ☐ Delete
VD FOLTZ, E H
 STREET ADDRESS **4475 N. OCEAN BLVD.**
 CITY-ST-ZIP **DELRAY BEACH FL 33483**

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

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

TITLE NAME ☐ Change ☐ 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD

April 15 / 02 (561) 2665711

CR2E037 (9/01)