

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90057 022 ****61.25

DOCUMENT # 727752

1. Entity Name

ST. ANDREWS FAIRWAYS, INC.

Principal Place of Business

Mailing Address

4475 N. OCEAN BLVD.
 DELRAY BEACH FL 33483-7501

4475 N. OCEAN BLVD.
 DELRAY BEACH FL 33483-7508

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1510793

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

JOH, ERIK E
4600 N OCEAN BLVD
BOYNTON BEACH FL 33483

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

| 10. OFFICERS AND DIRECTORS | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |
|--|---|
| TITLE <input type="checkbox"/> Delete NAME ST THURBER, P P STREET ADDRESS 4475 N OCEAN BLVD CITY-ST-ZIP DELRAY BEACH FL 33483 | <input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ |
| TITLE <input type="checkbox"/> Delete NAME P ROSS, FRENCH G STREET ADDRESS 4475 N OCEAN BLVD CITY-ST-ZIP DELRAY BEACH FL 33483 | <input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ |
| TITLE <input type="checkbox"/> Delete NAME VP ENTERLINE, NANCY W STREET ADDRESS 4475 N. OCEAN BLVD CITY-ST-ZIP DELRAY BEACH FL 33483 | <input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ |
| TITLE <input type="checkbox"/> Delete NAME D GEORGE, JEAN M STREET ADDRESS 4475 N OCEAN BLVD CITY-ST-ZIP DELRAY BEACH FL | <input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ |
| TITLE <input type="checkbox"/> Delete NAME D SLOAN, BARBARA M STREET ADDRESS 4475 N OCEAN BLVD CITY-ST-ZIP DELRAY BEACH FL 33483 | <input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ |
| TITLE <input type="checkbox"/> Delete NAME AT STEELE, PAUL J STREET ADDRESS 4475 N OCEAN BLVD CITY-ST-ZIP DELRAY BCH FL | <input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE _____ 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: Paul J Steele REGISTERED AGENT DATE: 4/14/00 DAYTIME PHONE #: 561-266-5700

CR2E037 (9/99)