

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 12, 2001 8:00 am**  
**Secretary of State**

04-12-2001 90066 043 \*\*\*\*61.25

0000298

**DOCUMENT # 739936**

1. Entity Name

**THE SAINT ANDREW'S SOCIETY OF JACKSONVILLE, FLOR**

Principal Place of Business

Mailing Address

~~STE 800~~  
~~121 W. FORSYTH STREET~~  
~~JACKSONVILLE FL 32202~~  
 US

~~STE 800~~  
~~121 W. FORSYTH STREET~~  
~~JACKSONVILLE FL 32202~~  
 US

2. Principal Place of Business

**2468 Atlantic Blvd.**

3. Mailing Address

**2468 Atlantic Blvd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Jacksonville, FL 32207**

City & State

**Jacksonville, FL 32207**

4. FEI Number

**59-1860792**

Applied For

Not Applicable

Zip

Country

**USA**

Zip

Country

**USA**

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**BLACKARD, WILLIAM R JR**  
~~STE 800~~  
~~121 W FORSYTH ST~~  
**JACKSONVILLE FL 32202**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**2468 Atlantic Blvd.**

City

**Jacksonville**

**FL**

Zip Code

**32207**

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

*William R. Blackard Jr.*

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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ROGERS, JOHN</b>	
STREET ADDRESS	<b>3015 SEAHAWK DR</b>	
CITY-ST-ZIP	<b>PONTE VEDRA BEACH FL 32082</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>KINLOCH, MCCOLLUM</b>	
STREET ADDRESS	<b>18 MITCHELL CT</b>	
CITY-ST-ZIP	<b>ORANGE PK FL 32073</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CUMMINGS, GINGER</b>	
STREET ADDRESS	<b>1477 HOLLY OAKS LANE RD, W.</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32211</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>GEMMELL, BARBARA</b>	
STREET ADDRESS	<b>520 STOKES LANDING RD</b>	
CITY-ST-ZIP	<b>SAINT AUGUSTINE FL 32095</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>DOUGLAS, MARK</b>	
STREET ADDRESS	<b>1857 BURMEISTER ROAD</b>	
CITY-ST-ZIP	<b>FERNANDINA BEACH FL 32034</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HARVEY, WILLIAM JR</b>	
STREET ADDRESS	<b>5838 CLIFTON AVE</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32211</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>VP REILLY, ANN</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>904 5TH ST</b>	
STREET ADDRESS	<b>NEPTUNE BEACH, FL 32266</b>	
CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CUMMINGS, CHANTER</b>	
STREET ADDRESS	<b>1477 HOLLY OAKS LAKE RD WEST</b>	
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32225</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>KEY, TIMOTHY D. T.</b>	
STREET ADDRESS	<b>6 JASMINE PLACE</b>	
CITY-ST-ZIP	<b>FERNANDINA BEACH, FL 32034</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BUTLER, JANICE</b>	
STREET ADDRESS	<b>221 STELLAR CT</b>	
CITY-ST-ZIP	<b>PONTEVEDRA BEACH, FL 32082</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DOUGLAS, MARK</b>	
STREET ADDRESS	<b>1857 BURMEISTER RD</b>	
CITY-ST-ZIP	<b>FERNANDINA BEACH, FL 32034</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Barbara H Gemmell*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**BARBARA H GEMMELL**

**4/9/01**

Date

**904-829-2926**

Daytime Phone #

CR2E037 (10/00)