

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 15, 2000 8:00 am**  
**Secretary of State**

02-15-2000 90043 016 \*\*\*\*61.25

**DOCUMENT # 743105**

1. Entity Name

**THE SAINT ANDREW SOCIETY OF TALLAHASSEE, INC.**

Principal Place of Business

Mailing Address

**2900 BLAIRSTONE COURT  
 TALLAHASSEE FL 32301  
 US**

**P. O. BOX 12034  
 TALLAHASSEE FL 32317-2034  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1874762**

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

**MONROE, JAMES H  
 2900 BLAIRSTONE CT.  
 TALLAHASSEE FL 32301**

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

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TITLE: VP <input type="checkbox"/> Delete NAME: MCMILLAN, JIM STREET ADDRESS: 5374 TEWSKBURY TR CITY-ST-ZIP: TALLAHASSEE FL 32312	TITLE: P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: McMillan Jim STREET ADDRESS: 5374 Tewsbury Trail CITY-ST-ZIP: Tallahassee, FL 32312
TITLE: P <input checked="" type="checkbox"/> Delete NAME: BERRY, MICHAEL STREET ADDRESS: 3405 TREATY OAK TRAIL CITY-ST-ZIP: TALLAHASSEE FL 32312	TITLE: V P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: A. C. McCully, M.D. STREET ADDRESS: 730 Live Oak Plantation-Dr. CITY-ST-ZIP: Tallahassee, FL 32312
TITLE: T <input type="checkbox"/> Delete NAME: COWGER, EUGENE H STREET ADDRESS: 1022 LOTHIAN DR CITY-ST-ZIP: TALLAHASSEE FL 32312	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: D <input type="checkbox"/> Delete NAME: HOLZAPPEL, JEAN STREET ADDRESS: 3218 BROOKFOREST DR CITY-ST-ZIP: TALLAHASSEE FL 32312	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: S <input type="checkbox"/> Delete NAME: ATHERTON, FRED STREET ADDRESS: 380 ROB ROY TRAIL CITY-ST-ZIP: TALLAHASSEE FL 32312	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: D <input type="checkbox"/> Delete NAME: KRATT, FRANCES STREET ADDRESS: 4905 HEATHE DRIVE CITY-ST-ZIP: TALLAHASSEE FL 32308	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:

*[Signature]*

H Eugene Cowger Treasurer

2/11/00

850/385-2410

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)