2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other-like empowered

FILED **DOCUMENT # 746442** Apr 22, 2000 8:00 am Secretary of State THE SAINT ANDREW SOCIETY OF SARASOTA, INC. 04-22-2000 90031 048 ****61.25 Principal Place of Business Mailing Address P.O. BOX 2592 P.O. BOX 2592 SARASOTA FL 34230-2592 SARASOTA FL 34230 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-1900571 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GILLET, ROSE F ramond 3219 24TH PKWY SARASOTA FL 34235 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Addition **Delete** TITLE ☐ Change TITLE NAME GILLET, NARIRN NAME 3219 24th Parkway 3219 24TH PARKWAY STREET ADDRESS STREET ADDRESS Sarasota, Fl CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34235 Addition TITLE 🗹 Delete TITLE Judy Egan NAME MAXWELL, DOUG NAME 3729 Spain Wood Dr. STREET ADDRESS STREET ADDRESS 1642 LIVINGSTON STREET CITY-ST-ZIP-Sarasota, CITY-ST-ZIP SARASOTA FL 34231 TITLE ✓ Delete TITLE ☐ Change Addition rewart, Lawson NAME SCHULTZ, ARTHUR NAME 8405 Misty Morning Court STREET ADDRESS 55 CAYMAN ISLES BLVD STREET ADDRESS CITY-ST-ZIP Bradenton, FL 34 CITY-ST-ZIP **ENGLEWOOD FL 34223** TITLE ☐ Delete TITLE MONTGOMERY, BARBARA NAME NAME Same STREET ADDRESS STREET ADDRESS 3645 GLEN OAKS MANOR DR CITY-ST-ZIP CITY-ST-7IP SARASOTA FL 34232 ☐ Change Addition Z Delete TITLE TITLE GILLET, ROSE F NAME NAME Diamond Head Dr. STREET ADDRESS STREET ADDRESS **3219 24TH PARKWAY** CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34235 TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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