

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2001 8:00 am
Secretary of State

0075226

DOCUMENT # 746442

1. Entity Name

THE SAINT ANDREW SOCIETY OF SARASOTA, INC.

04-07-2001 90014 047 *****61.25

Principal Place of Business

P.O. BOX 2592
 SARASOTA FL 34230

Mailing Address

P.O. BOX 2592
 SARASOTA FL 34230

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1900571

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

FISHEL, HELEN K
205 DIAMONDHEAD DR
BRADENTON FL 34207

7. Name and Address of New Registered Agent

Name **CHESTER LIVINGSTON**
 Street Address (P.O. Box Number is Not Acceptable) **9294 SAN CARLOS BLVD**
 City **FORT MYERS** FL Zip Code **33912-4914**

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 Chester Livingston DATE April 2, 2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	VP	<input checked="" type="checkbox"/> Delete
NAME	GILLET, NAIRN	
STREET ADDRESS	3219 24TH PARKWAY	
CITY-ST-ZIP	SARASOTA FL 34235	
TITLE	AT	<input checked="" type="checkbox"/> Delete
NAME	MAXWELL, DOUG	
STREET ADDRESS	1642 LIVINGSTON STREET	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SCHULTZ, ARTHUR	
STREET ADDRESS	55 CAYMAN ISLES BLVD	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MONTGOMERY, BARBARA	
STREET ADDRESS	3645 GLEN OAKS MANOR DR	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	GILLET, ROSE F	
STREET ADDRESS	3219 24TH PARKWAY	
CITY-ST-ZIP	SARASOTA FL 34235	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lawson E. Stewart	
STREET ADDRESS	8405 Misty Morning Court	
CITY-ST-ZIP	Bradenton, FL 34202-2209	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jack Rice	
STREET ADDRESS	Bunker Road	
CITY-ST-ZIP	Rotonda West, FL 33947	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHESTER LIVINGSTON	
STREET ADDRESS	9294 SAN CARLOS BLVD	
CITY-ST-ZIP	FORT MYERS, FL 33912-4914	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	AT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAROLINE BOYER	
STREET ADDRESS	1441-56th St., W.	
CITY-ST-ZIP	T/D BRADENTON, FL 34209	
TITLE		<input type="checkbox"/> Change <input checked="" 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 attorney-in-fact address, with all other like empowered.

SIGNATURE: Lawson E. Stewart, President Date 4/1/01 Daytime Phone # 941-907-9649
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)