

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90001 023 ****61.25

DOCUMENT # 746442

1. Entity Name

THE SAINT ANDREW SOCIETY OF SARASOTA, INC.

Principal Place of Business

Mailing Address

P.O. BOX 2592
 SARASOTA FL 34230

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

Zip

Country

Zip

Country

4. FEI Number

59-1900571

Applied For

Not Applicable

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

LIVINGSTON, CHESTER
9294 SAN CARLOS BLVD
FORT MYERS FL 33912-4914

Name **HANSON, HOWARD**

Street Address (P.O. Box Number is Not Acceptable)
5268 MYRTLEWOOD COURT

City **SARASOTA**

FL

Zip Code
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.

HOWARD W. HANSON III

SIGNATURE

Howard W. Hanson III

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

3/4/02

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	STEWART, LAWSON E	
STREET ADDRESS	8405 MISTY MORNING CT	
CITY-ST-ZIP	BRADENTON FL 34202-2209	
TITLE	VP	<input type="checkbox"/> Delete
NAME	RICE, JACK	
STREET ADDRESS	4 BUNKER RD	
CITY-ST-ZIP	ROTUNDA WEST FL 33947	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	LIVINGSTON, CHESTER	
STREET ADDRESS	9294 SAN CARLOS BLVD	
CITY-ST-ZIP	FORT MYERS FL 33912-2914	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MONTGOMERY, BARBARA	
STREET ADDRESS	3645 GLEN OAKS MANOR DR	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	AT	<input type="checkbox"/> Delete
NAME	BOYER, CAROLINE	
STREET ADDRESS	1441 56TH ST W	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICE, JACK	
STREET ADDRESS	4 BUNKER RD	
CITY-ST-ZIP	ROTUNDA WEST, FL 33947	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MACCABE, THOMAS	
STREET ADDRESS	284 SUGAR MILL DR	
CITY-ST-ZIP	OSPREY, FL 34229	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HANSON, HOWARD	
STREET ADDRESS	5268 MYRTLEWOOD CT	
CITY-ST-ZIP	SARASOTA, FL 34235	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 REQUIRED

(Signature and typed or printed name of signing officer or director)

3/4/02 (941) 697 4848

Date

Daytime Phone #

CR2E037 (9/01)