


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90346 038 \*\*\*\*61.25

<b>DOCUMENT # 746442</b>			
1. Entity Name <b>THE SAINT ANDREW SOCIETY OF SARASOTA, INC.</b>			
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	
Zip	Country	Zip	Country
4. FEI Number <b>59-1900571</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HANSON, HOWARD 5268 MYRTLEWOOD COURT SARASOTA FL 34235		Name <b>David, Caroline M.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1441 - 56th Street West</b> City <b>Bradenton</b> FL Zip Code <b>34209</b>	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <i>Caroline M. David</i> <b>Caroline M. David, Treasurer</b>		DATE <b>4/11/03</b>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating) DATE	



**XX** CHECK HERE IF MAKING CHANGES

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>RICE, JACK</b> <b>4 BUNKER ROAD</b> <b>ROTONDA WEST FL 33947</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Pres.</b> <b>Martin, James N.</b> <b>4244 Center Sarasota Pkwy. #712</b> <b>Sarasota, FL 34238</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>MACCABE, THOMAS</b> <b>284 SUGAR MILL DR</b> <b>OSPREY FL 34229</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPres.</b> <b>Taylor, Donald</b> <b>5742 Sandy Pointe Dr.</b> <b>Sarasota, FL 34233</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>HANSON, HOWARD</b> <b>5268 MYRTLEWOOD CT</b> <b>SARASOTA FL 34235</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Sec.</b> <b>Montgomery, Barbara</b> <b>3645 Glen Oaks Manor Dr.</b> <b>Sarasota, FL 34232</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>MONTGOMERY, BARBARA</b> <b>3645 GLEN OAKS MANOR DR</b> <b>SARASOTA FL 34232</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treas.</b> <b>David, Caroline M.</b> <b>1441 - 56th Street West</b> <b>Bradenton, FL 34209</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AT</b> <b>BOYER, CAROLINE</b> <b>1441 56TH ST W</b> <b>BRADENTON FL 34209</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Trustee</b> <b>Craig, Charles</b> <b>6160 Candlewood Way</b> <b>Sarasota, FL 34243</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Trustee</b> <b>Bartz, Barbra A.</b> <b>1242 Berkshire Circle</b> <b>Venice, FL 34292</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: *Caroline M. David* **Caroline M. David, Treasurer** 4/11/03 941-795-4887

CR2E037 (10/02)