

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**

03-13-2002 90113 044 \*\*\*\*61.25

**DOCUMENT # 755012**

1. Entity Name

**SAINT ANDREWS SOUTH GOLF CLUB, INC.**

Principal Place of Business

Mailing Address

1901 DEBORAH DRIVE  
 PUNTA GORDA FL 33950

1901 DEBORAH DRIVE  
 PUNTA GORDA FL 33950

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

**59-2057048**

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

**DURST, LESTER E.**  
**115 WEST OLYMPIA AVENUE**  
**PUNTA GORDA FL 33950**

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

TITLE: PD  
 NAME: MEYER, CARL  Delete  
 STREET ADDRESS: 4034 LACOSTA ISL. CIR.  
 CITY-ST-ZIP: PUNTA GORDA FL 33950

TITLE: PD  Change  Addition  
 NAME: HEINE, WARREN  
 STREET ADDRESS: 2061 Via Seville  
 CITY-ST-ZIP: PUNTA GORDA, FL 33950

TITLE: TD  Delete  
 NAME: KRAUSE, TOM  
 STREET ADDRESS: 1802 LOS ALAMOS DR.  
 CITY-ST-ZIP: PUNTA GORDA FL 33950

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE: SD  Delete  
 NAME: MURPHY, HELEN  
 STREET ADDRESS: 3617 BONAIRE CT  
 CITY-ST-ZIP: PUNTA GORDA FL 33950

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE: VP  Delete  
 NAME: WINFIELD, ARTHUR  
 STREET ADDRESS: 1605 VIA BIANCA  
 CITY-ST-ZIP: PUNTA GORDA FL 33950

TITLE: VP  Change  Addition  
 NAME: HOCK, CHARLES  
 STREET ADDRESS: 715 Via Tunis  
 CITY-ST-ZIP: PUNTA GORDA, FL 33950

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Change  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*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/25/02* (941) 639-5261  
 Date Daytime Phone #

CR2E037 (9/01)