

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J33747

1. Entity Name
ST. ANDREWS-NORTH, INC.

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90024 043 ***150.00

Principal Place of Business
6765 N WICKHAM RD
STE C 106
MELBOURNE FL 32940
US

Mailing Address
60 CUTTERMILL ROAD
SUITE 212
GREAT NECK NY 11021
US

2. Principal Place of Business
6935 N. Wickham Road

3. Mailing Address
Suite, Apt. #, etc.

City & State
MELBOURNE, FL

City & State

Zip
32940

Country
USA

Zip

Country

4. FEI Number **13-3373865**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

GOLDEN TRIANGLE REALTY INC
6765 NORTH WICKHAM ROAD
SUITE #C-106
MELBOURNE FL 32940

7. Name and Address of New Registered Agent

Name **CT CORPORATION SYSTEM**
Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road
City **PLANTATION** **FL** Zip Code **33324**

8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.

SIGNATURE *Jennifer L. Morgia* **Jennifer L. Morgia** **CT Corporation System** **Assistant Secretary** **1-9-01**
(NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LEVY, JERROLD, G.			NAME			
STREET ADDRESS	60 CUTTER MILL ROAD - SUITE 212			STREET ADDRESS			
CITY-ST-ZIP	GREAT NECK NY			CITY-ST-ZIP			
TITLE	DT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JARDINE, JEFFREY P			NAME			
STREET ADDRESS	60 CUTTER MILL ROAD - SUITE 212			STREET ADDRESS			
CITY-ST-ZIP	GREAT NECK NY 12021			CITY-ST-ZIP			
TITLE	DS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHLOSSBERG, MORTON J			NAME			
STREET ADDRESS	60 CUTTER MILL ROAD -SUITE 212			STREET ADDRESS			
CITY-ST-ZIP	GREAT NECK NY 12021			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/01
Date

Daytime Phone #

CR2E034 (10/00)