

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N92000000797

1. Entity Name

THE SAINT ANDREWS PIPE BAND OF MIAMI, INC.

Principal Place of Business

Mailing Address

60 N.E. 104TH STREET
MIAMI SHORES FL 33138

60 N.E. 104TH STREET
MIAMI SHORES FL 33138-2027

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED

00 MAY 21 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

5/24/00 90153/002 \$61.25

4. FEI Number

65-0387984

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MACDONALD, NIGEL M
60 N.E. 104TH STREET
MIAMI SHORES FL 33138

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 file 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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME	TITLE	NAME
PD	MACDONALD, NIGEL 80 N.E. 104TH STREET MIAMI SHORES FL 33138		
TD	BORDEN, CLIFFORD 1002 N.E. 117TH STREET BISCAYNE PARK FL 33181		
SD	CINTRON, BONNIE 1770 LEWIS ROAD MIAMI LAKES FL 33014		

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

4/30/00 305-687-7297
Daytime Phone #

CFR2E037 (9/99)

6/06