

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

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91347 043 \*\*\*\*61.25

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**DOCUMENT # N92000000797**

1. Entity Name

**THE SAINT ANDREWS PIPE BAND OF MIAMI, INC.**



Principal Place of Business

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

Mailing Address

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

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 **65-0387984**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES



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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
NAME **PD  
MACDONALD, NIGEL**  
STREET ADDRESS **60 N.E. 104TH STREET**  
CITY-ST-ZIP **MIAMI SHORES FL 33138**

TITLE  Change  Addition  
NAME **PD  
MACDONALD, NIGEL**  
STREET ADDRESS **1301 N.W. 99AVE**  
CITY-ST-ZIP **PLANTATION, FL 33322**

TITLE  Delete  
NAME **TD  
BORDEN, CLIFFORD**  
STREET ADDRESS **1002 N.E. 117TH STREET**  
CITY-ST-ZIP **BISCAYNE PARK FL 33161**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **SD  
CINTRON, BONNIE**  
STREET ADDRESS **1770 LEWIS ROAD**  
CITY-ST-ZIP **MIAMI LAKES FL 33014**

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

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 REQUIRED**

**4/20/03 305891-3795**

CR2E037 (10/02)