2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

Pasqu Bares

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # N93000005607 Feb 02, 2000 8:00 am 1. Entity Name **Secretary of State** SAINT ANDREW CIVIC CLUB, INC. 02-02-2000 90001 024 ****70.00 Principal Place of Business Mailing Address **2629 W 10TH STREET** 2629 W 10TH STREET ATTN. WILLARD NELSON ATTN. WILLARD NELSON PANAMA CITY FL 32401-1408 PANAMA CITY FL 32401 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-3248052 Not Applicable \$8.75 Additional Country Zip 7ip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) **NELSON, WILLARD** 2629 W. 10TH ST. PANAMA CITY FL 32401. Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to **FILE NOW:** 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. **☑** Delete Addition PD TITLE TITLE WILLARD NELSON NAME NAME MCVEIGH, JAMES 205 Sherrih Branch Rd STREET ADDRESS STREET ADDRESS 1404 BEACH DR. Panama City 41 32409 CITY-ST-ZIF CITY-ST-ZIP PANAMA CITY FL 32401 Delete Addition TITLE ☐ Change SD Jeanette Cloud NAME MILLER, JOSHALYN NAME 13820 Spartan We STREET ADDRESS STREET ADDRESS 1520 MOLITOR APT B CITY-ST-7IP CITY-ST-ZIP PANAMA CITY FL 32401 ☐ Addition Change Delete TITLE TITLE TD NAME NAME Hinson, Herbert H STREET ADDRESS STREET ADDRESS 2913 W 11TH ST CITY-ST-ZIP PANAMA CITY FL Delete Addition TITLE ☐ Change TITLE ٧D James McVeigh 1404 Beach DR RUBIN, STEVE NAME NAME STREET ADDRESS STREET ADDRESS <u> 1334 CINCINATTI AV</u>E CITY-ST-ZIP CITY-ST-ZIP Panana City FL 32401 anama (☑ Delete Change Change ☐ Addition TIT! F TITLE NAME NAME NELSON, WILLARD STREET ADDRESS STREET ADDRESS 205 SHERRI H BRANCH RD CITY-ST-ZIP PANAMA CITY FL 32409 Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 eath; that I am an efficer 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.

Daytime Phone #