

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
01 JUL 12 PH 1:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000005607

1. Entity Name
SAINT ANDREW CIVIC CLUB, INC.

Principal Place of Business 2629 W 10TH STREET ATTN. WILLARD NELSON PANAMA CITY FL 32401	Mailing Address 2629 W 10TH STREET ATTN. WILLARD NELSON PANAMA CITY FL 32401
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

03/16/01 90027 024 \$70.00
4. FEI Number **59-3248052** Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**NELSON, WILLARD
2629 W. 10TH ST.
PANAMA CITY FL 32401**

7. Name and Address of New Registered Agent
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: _____ DATE: _____
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO WILLARD, NELSON 205 SHERRIH BRANCH RD PANAMA CITY FL 32409 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CLOUD, JEANETTE 13820 SPARTAN AVE FOUNTAIN FL 32438 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HINSON, HERBERT H 2913 W 11TH ST PANAMA CITY FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCVEIGH, JAMES 1404 BEACH DR PANAMA CITY FL 32401 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NELSON, MARY 205 SHERRI H BRANCH RD PANAMA CITY FL 32409 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAIRMAN/D WILLARD NELSON 205 SHERRETT BRANCH RD. PANAMA CITY, FL. 32409 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT/D DOWNA GIBSON 1102 BECK AVE. PANAMA CITY, FL. 32401 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT/D JIMMIE PRINCE 1325 GALT AVE. PANAMA CITY, FL. 32401 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY GAYOLA SPROUSE/D 1127 1/2 BECK AVE B076 PANAMA CITY, FL. 32401 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER/D CORINNE COLLINS 1111 DRAKE AVE. PANAMA CITY, FL. 32401 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: *Willard Nelson* **SIGNATURE REQUIRED** V.F. 3/13/2001 872 1180 265 0034 785 8036
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Discoping Phone No.

CR2E037 (10/00)

As per conversation w/ Willard Nelson 3/17/01