

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 06, 2002 8:00 am**  
**Secretary of State**

02-06-2002 90020 035 \*\*\*\*\*70.00

**DOCUMENT # N93000005607**

1. Entity Name

**SAINT ANDREW CIVIC CLUB, INC.**

Principal Place of Business

Mailing Address

2629 W 10TH STREET  
 ATTN. WILLARD NELSON  
 PANAMA CITY FL 32401

2629 W 10TH STREET  
 ATTN. WILLARD NELSON  
 PANAMA CITY FL 32401

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PANAMA city FL 32409

4. FEI Number

59-3248052

Applied For

Not Applicable

Zip

Country

Zip

Country

32409

USA

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

NELSON, WILLARD  
 205 SHERRETT BRANCH RD  
 PANAMA CITY FL 32409

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

*Willard Nelson*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*1/14/02*

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

TITLE	CD	<input type="checkbox"/> Delete
NAME	WILLARD, NELSON	
STREET ADDRESS	205 SHERRETT BRANCH RD.	
CITY-ST-ZIP	PANAMA CITY FL 32409	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GIBSON, DONNA	
STREET ADDRESS	1107 BECK AVENUE	
CITY-ST-ZIP	PANAMA CITY FL 32401	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PRINCE, JIMMIE	
STREET ADDRESS	1325 GULF AVENUE	
CITY-ST-ZIP	PANAMA CITY FL 32401	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SPOUSE, GAYOLA	
STREET ADDRESS	1127 1/2 BECK AVENUE	
CITY-ST-ZIP	PANAMA CITY FL 32401	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	COLLINS, CORINNE	
STREET ADDRESS	1111 DRAKE AVENUE	
CITY-ST-ZIP	PANAMA CITY FL 32401	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLINS CORINNE	
STREET ADDRESS	1111 DRAKE AVE	
CITY-ST-ZIP	PANAMA CITY FL 32401	
TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATERICK THOMAS	
STREET ADDRESS	1940 ALTA VISTA DRIVE	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32413	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 of Willard Nelson*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1-14-02*

Date

Daytime Phone #

CFR2E037 (9/01)