

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

FILED
Jun 25, 2003 8:00 am
Secretary of State

06-25-2003 90074 005 ****61.25

DOCUMENT # N95000002180

1. Entity Name

ST. ANDREW'S FOUNDATION, INC.



Principal Place of Business

**210 S. INDIAN RIVER DRIVE
FORT PIERCE FL 34950**

Mailing Address

**210 S. INDIAN RIVER DRIVE
FORT PIERCE FL 34950**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0845155**

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

**STABILE, RICHARD
210 S INDIAN RIVER DRIVE
FORT PIERCE FL 34950**

Name

John S. Liebler

Street Address (P.O. Box Number is Not Acceptable)

210 S. Indian River Drive

City

Fort Pierce

FL

Zip Code
34950

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

John S. Liebler

John S. Liebler

6/13/03

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 **D** ☐ Delete
NAME **STABILE, RICHARD**
STREET ADDRESS **174 NE JETTIE TERRACE**
CITY-ST-ZIP **PORT SAINT LUCIE FL 34983**

TITLE **D** ☐ Change ☒ Addition
NAME **John S. Liebler**
STREET ADDRESS **2254 6th Avenue, SE**
CITY-ST-ZIP **Vero Beach FL 32962**

TITLE **D** ☐ Delete
NAME **ADAMS, ALTO "BUD" JR.**
STREET ADDRESS **26003 ORANGE AVENUE**
CITY-ST-ZIP **FORT PIERCE FL 34945**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **GATES, PHILIP C**
STREET ADDRESS **2323 S. INDIAN RIVER DRIVE**
CITY-ST-ZIP **FORT PIERCE FL 34950**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

RICHARD STABILE

6/13/03 (772) 461-5009

CR2E037 (10/02)