

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2000 8:00 am**  
**Secretary of State**

04-03-2000 90007 006 \*\*\*\*61.25

**DOCUMENT # N96000002013**

1. Entity Name

**SAINT ANDREW'S LIGHTHOUSE, INC.**

Principal Place of Business

Mailing Address

1797 BEACH BLVD  
 JAX FL 32250  
 US

1797 BEACH BLVD  
 JAX FL 32250-2605  
 US

2. Principal Place of Business

3. Mailing Address

*1797 Beach Blvd*

*1797 Beach Blvd*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*Jacksonville Beach FL*

City & State

*Jacksonville Beach, FL*

4. FEI Number

**31-1489868**

Applied For

Not Applicable

Zip

*32250*

Country

*US*

Zip

*32250*

Country

*US*

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

**GRAHAM, ARTHUR U**  
**432 SOUTH BEACH STREET**  
**DAYTONA BCH FL ~~32214~~ 32114**

Name

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

City

**FL**

Zip Code  
**32114**

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 \_\_\_\_\_

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  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DVP**  Delete  
 NAME **PEARCE, JUDY**  
 STREET ADDRESS **2471 BUFFTON DRIVE**  
 CITY-ST-ZIP **JACKSONVILLE FL 32224**

TITLE **D**  Change  Addition  
 NAME **Lee, Thomas Rodman**  
 STREET ADDRESS **1204 Mapleton Road**  
 CITY-ST-ZIP **Jacksonville, FL 32207**

TITLE **DT**  Delete  
 NAME **HONG, DONALD L**  
 STREET ADDRESS **2363 COVINGTON CREEK DR W**  
 CITY-ST-ZIP **JAX FL 32224**

TITLE **D**  Change  Addition  
 NAME **Reeb, Rev. James H.**  
 STREET ADDRESS **5354 Rollins Avenue**  
 CITY-ST-ZIP **Jacksonville, FL 32207**

TITLE **DT**  Delete  
 NAME **HASLAM, PATRICIA A**  
 STREET ADDRESS **1702 3RD AVE N**  
 CITY-ST-ZIP **JACKSONVILLE FL 32250**

TITLE **DT**  Change  Addition  
 NAME **Fisher, Patricia A.**  
 STREET ADDRESS **1702 3rd Ave N.**  
 CITY-ST-ZIP **Jacksonville Beach, FL 32250**

TITLE **DP**  Delete  
 NAME **ASHER, EDWARD**  
 STREET ADDRESS **2355 COVINGTON CREEK DRIVE WEST**  
 CITY-ST-ZIP **JACKSONVILLE FL 32224**

TITLE **D**  Change  Addition  
 NAME **Topczak, Vicky C.**  
 STREET ADDRESS **10790 Waverly Bluff Way**  
 CITY-ST-ZIP **Jacksonville, FL 32223**

TITLE **D**  Delete  
 NAME **KOVACH, NANCY**  
 STREET ADDRESS **2502 AMERICA AVE**  
 CITY-ST-ZIP **JACKSONVILLE BCH FL 32250**

TITLE **DS**  Change  Addition  
 NAME **Kovach, Nancy** (Correction)  
 STREET ADDRESS **2502 America Avenue**  
 CITY-ST-ZIP **Jacksonville Beach, FL 32250**

TITLE **D**  Delete  
 NAME **HUMBARGER, ANGIE**  
 STREET ADDRESS **408 OSPREY LOOKOUT CT**  
 CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE **D**  Change  Addition  
 NAME **Woodward, Timothy A.**  
 STREET ADDRESS **1537 Harrington Park Drive**  
 CITY-ST-ZIP **Jacksonville, FL 32225**

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: \_\_\_\_\_

*Edward L. Asher*  
**Edward L. Asher**

*March 30, 2000*  
 Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

904-246-5606

**2000 UNIFORM BUSINESS REPORT  
Document # N96000002013**

**Attachment**

487745

1. Entity Name:

Saint Andrew's Lighthouse, Inc.

Item 11. (continued) Additions/Changes to Officers and Directors in 10.

D  Addition

Wydra, Michael F.  
2520 S. Stern Dr.  
Atlantic Beach, FL 32233

D  Change (correction)

Hong, Donald L.  
2363 Covington Creek Dr. W.  
Jacksonville, FL 32224

Signature:

Edward L. Asler Edward L. Asler March 30, 2000