

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003045

1. Entity Name

ST. ANDREWS WATERFRONT PARTNERSHIP, INC.

**FILED**  
May 23, 2000 8:00 am  
Secretary of State

05-23-2000 90191 020 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1900 W 11TH ST  
PANAMA CITY FL 32401

1900 W 11TH ST  
PANAMA CITY FL 32401-1800

2. Principal Place of Business

P.O. Box 4303

3. Mailing Address

P.O. Box 4303

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State PANAMA City, FL		City & State PANAMA City, FL		4. FEI Number 59-3598912	Applied For <input type="checkbox"/> Not Applicable
Zip 32401-1800	Country USA	Zip 32401-1800	Country USA	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, CHARLES F IV  
3208 W 16TH ST  
PANAMA CITY FL 32401

7. Name and Address of New Registered Agent

Name NANCY Wengel
Street Address (P.O. Box Number is Not Acceptable) 1701 Mound Ave
City PANAMA City FL Zip Code 32401

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 Nancy Wengel DATE 4-28-00  
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, CHARLES F IV 3208 W 16TH ST PANAMA CITY FL 32401 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Tom Bowdoin 1128 Chestnut Ave P.C. FL 32401 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HINSON, HERBERT H 2913 W. 11TH ST. PANAMA CITY FL 32401 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NANCY Wengel 1701 Mound Ave P.C. FL 32401 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAPELSDEN, ELLEN 3803 W. 16TH PANAMA CITY FL 32401 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Deborah Carlin 4952 W. Hwy 98 P.C. FL 32405 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAURA Russell 3123 W. 23rd St P.C. FL 32405 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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)(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: Laura Russell SIGNATURE REQUIRED: Laura Russell DATE: 4/26/00 (850) 7163-0890  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)