

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90113 014 ****70.00

DOCUMENT # N98000003045

1. Entity Name

ST. ANDREWS WATERFRONT PARTNERSHIP, INC.

Principal Place of Business

Mailing Address

P.O. BOX 4303
PANAMA CITY FL 32401-4303

P.O. BOX 4303
PANAMA CITY FL 32401-4303

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3598912

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

RUSSELL, LAURA F
3123 WEST 23RD STREET
PANAMA CITY FL 32405

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

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 NAME STREET ADDRESS CITY-ST-ZIP	PD CARLIN, DEBBIE 4952 WEST HIGHWAY 98 PANAMA CITY FL 32405	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BOWDOIN, TOM 1128 CHESTNUT AVE PANAMA CITY FL 32401	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MASKER, PHOEBE 3304 WEST 1ST STREET PANAMA CITY FL 32401	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUBIN, STEVE 1334 CINCINNATI AVE PANAMA CITY FL 32405	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOLAN, BOB 2816 WEST 11TH STREET PANAMA CITY FL 32401	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RUSSELL, LAURA 3123 WEST 23RD STREET PANAMA CITY FL 32405	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/O BRYAN TRIMMER 1370 Foster Ave. P.C. FL 32405	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D JIM DAVIS 1608 COUNTRY CLUB DR. LYNN HAVEN, FL 32444	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D ELLEN MAPELSDEN 1004 Beck Ave. P.C. FL 32401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TINA HUDSON 3141 W. 20th Ct P.C. FL 32405	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LAURA RUSSELL 2305 Hwy 99 P.C. FL 32405	<input checked="" 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/2 **950-770-7286**

Date

Daytime Phone #

CR2E037 (9/01)

323437

2002 Uniform Business Report

(Continued – Director Listing)

Director:

Alisa James - 2206 W. 11th St, P.C. FL 32401

David Keyser - 1120 Bayview Ave., P.C. FL 32401

Phoebe Masker – 3304 W. 15th St., P.C. FL 32401

John McVeigh - 1123 Beck Ave., P.C. FL 32401

Jim Pigneri – 1151 Bayview Ave., P.C. FL 32401

