

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000026275

1. Entity Name

ST. ANDREWS PARK, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90074 022 ***150.00

Principal Place of Business

Mailing Address

251A ROYAL PALM WAY, SUITE 300
PALM BEACH FL 33480

251A ROYAL PALM WAY, SUITE 300
PALM BEACH FL 33480-4355

2. Principal Place of Business

3. Mailing Address

1400 Centrepark Blvd

1400 Centrepark Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6th FL

6th FL

City & State

City & State

West Palm Bch FL

West Palm Bch FL

Zip 33401

Country USA

Zip 33401

Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0656442

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

RHODES, PAUL
251A ROYAL PALM WAY, SUITE 300
PALM BEACH FL 33480

Name Paul Rhodes

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

1400 Centrepark Blvd

Suite 6th FL

City West Palm Bch FL Zip Code 33401

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]

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

(NOTE: Registered Agent signature required when reinstating)

4.27.00

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME RHODES, PAUL
STREET ADDRESS 251A ROYAL PALM WAY, #300
CITY-ST-ZIP PALM BEACH FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1400 Centrepark Blvd # 6th FL
CITY-ST-ZIP W. Palm Bch FL 33401

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul Rhodes 427.00 561 659-5400

Date

Daytime Phone #

CR2E034 (9/99)