

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2002 8:00 am
Secretary of State

01-28-2002 90042 040 ***150.00

DOCUMENT # 179254

1. Entity Name
BATEMAN, GORDON & SANDS, INC.

Principal Place of Business
**2413 E ATLANTIC BLVD
 POMPANO BEACH FL 33062
 US**

Mailing Address
**P O BOX 1270
 POMPANO BEACH FL 33061
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0715027**

Applied For
 Not Applicable

Zip Country

Zip Country

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

**SANDS, J., LARRY
 405 NE 2ND ST
 POMPANO BEACH FL 33060**

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 _____ (NOTE: Registered Agent signature required when reinstating) 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, 2002 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 **V** Delete
 NAME **WHITNEY, PETER S JR**
 STREET ADDRESS **3120 NE 28 AVE.**
 CITY-ST-ZIP **LIGHTHOUSE PT. FL 33064**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **SANDS, LARRY**
 STREET ADDRESS **405 NE 2ND ST**
 CITY-ST-ZIP **POMPANO BEACH, FL 00000**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** Delete
 NAME **BROWN, W. DURAN**
 STREET ADDRESS **761 PARKSIDE CIR. N.**
 CITY-ST-ZIP **BOCA RATON FL**

TITLE Change Addition
 NAME
 STREET ADDRESS **3711 NE 26 AVE.**
 CITY-ST-ZIP **LIGHTHOUSE PT. FL 33064**

TITLE **V** Delete
 NAME **BUCHANAN, PETER**
 STREET ADDRESS **2821 N.E. 39TH STREET**
 CITY-ST-ZIP **LIGHTHOUSE POINT FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** Delete
 NAME **NEDERLANDEN, ALAN**
 STREET ADDRESS **2500 NE 23RD ST**
 CITY-ST-ZIP **POMPANO BCH FL 33062**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 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: LARRY SANDS 1/17/02 954-941-0900
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

01/27/02 11

CR2E034 (9/01)