

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 392982

1. Entity Name

SANDPIPER LOFT, INC.

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90065 016 ***150.00

Principal Place of Business

SANDPIPER LOFT INC.
31 OCEAN REEF DR
KEY LARGO FL 33037
US

Mailing Address

SANDPIPER LOFT INC.
31 OCEAN REEF DR
KEY LARGO FL 33037-5282
US

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

59-1406613

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

REYNOLDS, WINIFRED S
INDIAN MOUNT TRAIL
TAVERNIER FL

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

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	PST	☐ Delete
NAME	REYNOLDS, WINIFRED	
STREET ADDRESS	159 INDIANMOUND TRAIL	
CITY-ST-ZIP	TAVERNIER, FL 00000	
TITLE	D	☐ Delete
NAME	REYNOLDS, WINIFRED	
STREET ADDRESS	159 INDIANMOUND TRAIL	
CITY-ST-ZIP	TAVERNIER, FL 00000	
TITLE	VPD	☐ Delete
NAME	PERDUE, BARBARA	
STREET ADDRESS	OCEAN REEF CLUB, BX 100B	
CITY-ST-ZIP	KEY LARGO FL	
TITLE	D	☐ Delete
NAME	FERNANDEZ, SANDRA	
STREET ADDRESS	334 MAHOGANY	
CITY-ST-ZIP	KEY LARGO FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/00

305-267-3123

Date

Daytime Phone #

CR2E034 (9/99)