

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 91135 001 \*\*\*150.00  
 05-17-2000 91135 002 \*\*\*\*\*8.75

**DOCUMENT # 493397**

1. Entity Name

**SANIBEL REALTY, INC.**

Principal Place of Business

Mailing Address

3033 WEST GULF DR  
 SANIBEL ISLAND FL 33957

3033 WEST GULF DR  
 SANIBEL ISLAND FL 33957-5609  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1635421**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JENKS, BERT L.  
 5838 PINE TREE DR.  
 SANIBEL FL 33957

Name

**JOAN M. GOOD**

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

**3033 West Gulf Drive**

City

**SANIBEL**

FL

Zip Code

**33957**

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

*Joan M. Good*

**JOAN M. GOOD**

**4/30/2000**

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          | <b>PVST</b>   | <input type="checkbox"/> Delete            |
| NAME           | <b>GOOD, JOAN</b>                                   |  |
| STREET ADDRESS | <del>1010 DEMERE LANE</del> <b>3033 W. Gulf Dr.</b> |  |
| CITY-ST-ZIP    | <b>SANIBEL ISLAND FL</b>                            |  |
| TITLE          | <b>P</b>  | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>JENKS, BERT L</b>                                |  |
| STREET ADDRESS | <b>5838 PINE TREE</b>                               |  |
| CITY-ST-ZIP    | <b>SANIBEL ISLAND FL</b>                            |  |
| TITLE          |   | <input type="checkbox"/> Delete            |
| NAME           |   |  |
| STREET ADDRESS |   |  |
| CITY-ST-ZIP    |   |  |
| TITLE          |   | <input type="checkbox"/> Delete            |
| NAME           |   |  |
| STREET ADDRESS |   |  |
| CITY-ST-ZIP    |   |  |
| TITLE          |   | <input type="checkbox"/> Delete            |
| NAME           |   |  |
| STREET ADDRESS |   |  |
| CITY-ST-ZIP    |   |  |

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Joan M. Good* **JOAN M. GOOD, PRES** **4/30/2000** **941-472-1345**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)