

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 24, 2000 8:00 am**  
**Secretary of State**

01-24-2000 90043 016 \*\*\*\*61.25

**DOCUMENT # 718018**

1. Entity Name

**SANIBEL ROCKS CIVIC ASSOCIATION, INC.**

706035



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

P.O. BOX 281  
 SANIBEL FL 33957-5310

P.O. BOX 281  
 SANIBEL FL 33957-0281

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0121433**

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

**WOLSHLAGER, BILL**  
**4068 COQUINA DR.**  
**SANIBEL FL 33957**

Name **Charles Adair**

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

**3941 Coquina 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

*Charles Adair* **CHARLES ADAIR**

*1/17/00*

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	<b>SD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WOLLSCHALGER, BILL</b>	
STREET ADDRESS	<b>4068 COQUINA DR.</b>	
CITY-ST-ZIP	<b>SANIBEL FL 33957</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>HANSEN, TOM</b>	
STREET ADDRESS	<b>694 HEATHER LANE</b>	
CITY-ST-ZIP	<b>SANIBEL FL 33957</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>STEELE, BOB</b>	
STREET ADDRESS	<b>737 RABBIT RD</b>	
CITY-ST-ZIP	<b>SANIBEL FL 33957</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	<b>SD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DeVasure, Dorothy</b>	
STREET ADDRESS	<b>3945 West Gulf Drive</b>	
CITY-ST-ZIP	<b>Sanibel, FL 33957</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Adair, Charles</b>	
STREET ADDRESS	<b>3941 Coquina Drive</b>	
CITY-ST-ZIP	<b>Sanibel, FL 33957</b>	
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		

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:

*Charles Adair* **CHARLES ADAIR**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/17/00* 941-4723108

Date Daytime Phone #

CR2E037 (9/99)