

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2001 8:00 am**  
**Secretary of State**

09-12-2001 90033 035 \*\*\*\*61.25

**DOCUMENT # 726304**

1. Entity Name

**SANIBEL ESTATES PROPERTY OWNERS ASSOCIATION, INC**

Principal Place of Business

P.O. BOX 1607  
 SANIBEL FL 33957

Mailing Address

P.O. BOX 1607  
 SANIBEL FL 33957

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

**65-0205097**

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

**BLAIR, HARRY A.**  
**2138-40 HOOPLE STREET**  
**FORT MYERS FL 33902**

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

**FILE NOW: FEE IS \$61.25**  
**After September 12, 2001, min. will be \$236.25**

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:  Delete  
 NAME: **VPD CURTIN, RICHARD R**  
 STREET ADDRESS: **479 LAS TIENDAS LANE**  
 CITY-ST-ZIP: **SANIBEL FL**

TITLE:  Change  Addition  
 NAME: **TD Jean HallSTEAD**  
 STREET ADDRESS: **1077 S. Yachtsman DR.**  
 CITY-ST-ZIP: **SANIBEL FL. 33957**

TITLE:  Delete  
 NAME: **PS LUKE, JOHN E**  
 STREET ADDRESS: **661 ANCHOR DR**  
 CITY-ST-ZIP: **SANIBEL FL**

TITLE:  Change  Addition  
 NAME: **D ROBERT SYLVESTER**  
 STREET ADDRESS: **1043 S. Yachtsman DR.**  
 CITY-ST-ZIP: **SANIBEL FL. 33957**

TITLE:  Delete  
 NAME: **TD HADWEN, GEORGE E**  
 STREET ADDRESS: **676 ANCHOR DRIVE**  
 CITY-ST-ZIP: **SANIBEL FL**

TITLE:  Change  Addition  
 NAME: **SD JOHN R SADD**  
 STREET ADDRESS: **1083 S. YACHTSMAN DR.**  
 CITY-ST-ZIP: **SANIBEL FL. 33957**

TITLE:  Delete  
 NAME: **SD CURTIS, BILLYE**  
 STREET ADDRESS: **459 LAGOON DRIVE**  
 CITY-ST-ZIP: **SANIBEL FL**

TITLE:  Change  Addition

TITLE:  Delete  
 NAME: **D STRAYER, ROGER**  
 STREET ADDRESS: **1076 CAPTAINS WALKS T**  
 CITY-ST-ZIP: **SANIBEL FL**

TITLE:  Change  Addition

TITLE:  Delete  
 NAME: **D MCBEE, M. DAVID**  
 STREET ADDRESS: **911 S YACHTSMAN DR**  
 CITY-ST-ZIP: **SANIBEL FL**

TITLE:  Change  Addition

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: *John E. Luke* **John E. Luke** 9-6-01 (941) 472-9281

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/01)