

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 731418

1. Entity Name

THE SANDARAC ASSOCIATION, INC.

Principal Place of Business

6666 ESTERO BLVD
FT MYERS BEACH FL 33931

Mailing Address

6666 ESTERO BLVD
FT MYERS BEACH FL 33931-4512

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

59-1807853

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

PLATTEN, WILLIAM E.
6670 ESTERO BLVD
APT. A-202
FT MYERS BEACH FL 33931

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

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 NAME STREET ADDRESS CITY-ST-ZIP	D STEWART, RICHARD 6672 ESTERO BLVD FT.MYERS BCH. FL 33931	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LORENTSON, JAMES 6672 ESTERO BLVD FT.MYERS BCH. FL 33931	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEBEN, ROBERT 6670 ESTERO BOULEVARD FT.MYERS BCH. FL 33931	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHILLING, FRANCIS 6672 ESTERO BLVD FT.MYERS BCH. 33 931	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ARCHER, G. EUGENE 6670 ESTERO BLVD FT MYERS BEACH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CARNDUFF, JOHN 6670 ESTERO BLVD FT MYERS BEACH FL	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D GEORGE UNDERWOOD 6670 ESTERO BLVD FT MYERS BEACH FL 33931	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
D JORDAN, MONIQUE 6672 ESTERO BLVD FT. MYERS BEACH FL 33931	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/00

Date

463-0370

Daytime Phone #

CR2E037 (9/99)