

**2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **F95000002148**

1. Entity Name  
**L. M. SANDLER & SONS, INC.**

Principal Place of Business  
P.O. BOX 8790  
VIRGINIA BEACH VA 23450

Mailing Address  
P.O. BOX 8790  
VIRGINIA BEACH VA 23450

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

**54-1737065**

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

**B&C CORPORATE SERVICES OF CENTRAL FL, INC**  
**390 N. ORANGE AVE., STE. 1100**  
**ORLANDO FL 32801**

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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 NAME  Delete  
**P SANDLER, STEVEN B**  
STREET ADDRESS **448 VIKING DR., STE. 220**  
CITY-ST-ZIP **VIRGINIA BEACH VA 23452**

TITLE NAME  Change  Addition  
**900004618989--1**  
STREET ADDRESS **-10/01/01--01094--019**  
CITY-ST-ZIP **\*\*\*\*550.00 \*\*\*\*550.00**

TITLE NAME  Delete  
**AS GOTTLIEB, RAYMOND**  
STREET ADDRESS **448 VIKING DR., STE. 220**  
CITY-ST-ZIP **VIRGINIA BEACH VA 23452**

TITLE NAME  Change  Addition

TITLE NAME  Delete  
**VP BENSON, NATHAN D**  
STREET ADDRESS **448 VIKING DR., STE. 220**  
CITY-ST-ZIP **VIRGINIA BEACH VA 23452**

TITLE NAME  Change  Addition

TITLE NAME  Delete

TITLE NAME  Change  Addition

TITLE NAME  Delete

TITLE NAME  Change  Addition

TITLE NAME  Delete

TITLE NAME  Change  Addition

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/19/01

FILED

01 SEP 20 AM 11:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

0133076 AT

CR2E034 (5/01)