

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90073 011 ***150.00

DOCUMENT # K40106

1. Entity Name
SANIBEL CENTER CORPORATION

Principal Place of Business
5130 FOX HUNT DRIVE
WESLEY CHAPEL FL 33543
US

Mailing Address
5130 FOX HUNT DRIVE
WESLEY CHAPEL FL 33543
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business *1711 PERIWINKLE WAY*

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
SANIBEL FL

City & State

4. FEI Number **65-0064608**

Applied For
Not Applicable

Zip
33957

Country
LEE

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

GROSS, EVELYN
5130 FOX HUNT DRIVE
WESLEY CHAPEL FL 33543

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 \$150.00
After May 1, 2002 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 **PD**
NAME **GROSS, EVELYN**
STREET ADDRESS **15411 8A CAPTIVA RD.**
CITY-ST-ZIP **CAPTIVA FL**

TITLE **PD**
NAME **GROSS, EVELYN** ☒ **Change** ☐ **Addition**
STREET ADDRESS **5130 FOX HUNT DRIVE**
CITY-ST-ZIP **WESLEY CHAPEL, FL 33543**

TITLE **PD**
NAME **GROSS, EVELYN** ☐ **Delete**
STREET ADDRESS **5130 FOX HUNT DR.**
CITY-ST-ZIP **WESLEY CHAPEL, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ **Change** ☐ **Addition**

TITLE
NAME
STREET ADDRESS **33543** ☐ **Delete**
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ **Change** ☐ **Addition**

TITLE
NAME ☐ **Delete**
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ **Change** ☐ **Addition**

TITLE
NAME ☐ **Delete**
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ **Change** ☐ **Addition**

TITLE
NAME ☐ **Delete**
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ **Change** ☐ **Addition**

CR2E034 (9/01)

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: *Evelyn Gross*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08-15-2002
 Date Daytime Phone #