

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90288 010 ***158.75

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DOCUMENT # K40106	
1. Entity Name SANIBEL CENTER CORPORATION	

Principal Place of Business 1711 PERIWINKLE WAY SANIBEL FL 33957 US	Mailing Address 5130 FOX HUNT DRIVE WESLEY CHAPEL FL 33543 US
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2. Principal Place of Business Suite, Apt. #, etc. <i>N/A</i>	3. Mailing Address Suite, Apt. #, etc. <i>N/A</i>
City & State	City & State

Zip	Country	Zip	Country
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4. FEI Number 65-0064608	Applied For ☒ Not Applicable
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5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent GROSS, EVELYN 5130 FOX HUNT DRIVE WESLEY CHAPEL FL 33543	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GROSS, EVELYN 5130 FOX HUNT DRIVE WESLEY CHAPEL FL 33543 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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 607, 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: *Evelyn Gross* **Evelyn Gross** **4-11-03 813 994 6860**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2E034 (10/02)