

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90142 036 ****61.25

DOCUMENT # N11660

1. Entity Name

SANIBEL JAZZ, INC.

Principal Place of Business

10091 MCGREGOR BLVD
 FORT MYERS FL 33919

Mailing Address

10091 MCGREGOR BLVD
 FORT MYERS FL 33919-1002

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2566056

Applied For

Not Applicable

Zip

Country

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

HOLLANDER, KARL
10091 MCGREGOR BLVD
FORT MYERS FL 33919

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 | STD | <input type="checkbox"/> Delete |
| NAME | GARAVUSO, BRIAN | |
| STREET ADDRESS | 12800 UNIVERSITY DRIVE #350 | |
| CITY-ST-ZIP | FORT MYERS FL 33907 | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | HOLLANDER, KARL | |
| STREET ADDRESS | 10091 MCGREGOR BLVD | |
| CITY-ST-ZIP | FORT MYERS FL 33919 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | CRANE, MORTON | |
| STREET ADDRESS | 4864 LAUREL LN | |
| CITY-ST-ZIP | FORT MYERS FL 33908 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | HUNT, DAVID | |
| STREET ADDRESS | 871 S. TOWN & RIVER DR | |
| CITY-ST-ZIP | FORT MYERS FL 33919 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | LAWTON, BIL | |
| STREET ADDRESS | 1400 COLONIAL BLVD #259 | |
| CITY-ST-ZIP | FORT MYERS FL 33907 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MYERS, RICHARD | |
| STREET ADDRESS | 12671 WHITEHALL DR | |
| CITY-ST-ZIP | FORT MYERS FL 33907 | |

| | | |
|----------------|--|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Additor |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Additor |
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| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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 OF HOLLANDER, KARL, Sr. Dir. 1/24/2000 641 939276
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #