

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90096 023 ****70.00

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
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-2566056	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
HOLLANDER, KARL
10091 MCGREGOR BLVD
FORT MYERS FL 33919

7. Name and Address of New Registered Agent
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 _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE D	NAME BERGIN, JEFF	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 14703 TRIPLE EAGLE COURT	CITY-ST-ZIP FORT MEYERS FL 33990	
TITLE PD	NAME HOLLANDER, KARL	<input type="checkbox"/> Delete
STREET ADDRESS 10091 MCGREGOR BLVD	CITY-ST-ZIP FORT MYERS FL 33919	
TITLE D	NAME CRANE, MORTON	<input type="checkbox"/> Delete
STREET ADDRESS 4864 LAUREL LN	CITY-ST-ZIP FORT MYERS FL 33908	
TITLE D	NAME HUNT, DAVID	<input type="checkbox"/> Delete
STREET ADDRESS 871 S. TOWN & RIVER DR	CITY-ST-ZIP FORT MYERS FL 33919	
TITLE D	NAME LAWTON, BIL	<input type="checkbox"/> Delete
STREET ADDRESS 1400 COLONIAL BLVD #259	CITY-ST-ZIP FORT MYERS FL 33907	
TITLE D	NAME SUTTON, MARY	<input type="checkbox"/> Delete
STREET ADDRESS 14556 NEW HAMPTON PLACE	CITY-ST-ZIP FORT MYERS FL 33912	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Pres/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME DORSETT, HERB	
STREET ADDRESS 2126 ALICIA STREET	
CITY-ST-ZIP FORT MYERS, FL	
TITLE Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE VP/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE Secretary/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SUTTON, KATHY	
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 information.

SIGNATURE: KARL HOLLANDER, DIRECTOR **2/15/02** **941-939-2787**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (9/01)