

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90055 050 ****61.25

DOCUMENT # N22150

1. Entity Name
THE SANIBEL NATURISTS, INC.

Principal Place of Business 4370 ORANGE GROVE BLVD P.O. BOX 6789 FT. MYERS FL 33911	Mailing Address 4370 ORANGE GROVE BLVD P.O. BOX 6789 FT. MYERS FL 33911
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number 65-0049422		Applied For <input type="checkbox"/> Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent CRAN, ROBERT K. 4370 ORANGE GROVE BLVD NORTH FT MYERS FL 33903				7. Name and Address of New Registered Agent Name GAIL P. SHAW Street Address (P.O. Box Number is Not Acceptable) 17179-1 TERRAUVERDE CIRCLE FT. MYERS FL 33908			
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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.

SIGNATURE *Gail P. Shaw* (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME DUNN, JILL STREET ADDRESS 1220 SW 33RD TERR CITY-ST-ZIP CAPE CORAL FL 33914 <input checked="" type="checkbox"/> Delete		TITLE NAME PRESIDENT ROB CUDDINY STREET ADDRESS 945 LUCIA DRIVE CITY-ST-ZIP PUNTA GORDA, FL 33950 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME D AHLERT, GLEN STREET ADDRESS 4736 SANTA DEL RAE CITY-ST-ZIP FT MYERS FL <input type="checkbox"/> Delete			
TITLE NAME D CLARK, -TOM STREET ADDRESS 608 NW 37 PL CITY-ST-ZIP CAPE CORAL FL <input type="checkbox"/> Delete			
TITLE NAME TD CRAN, ROBERT STREET ADDRESS 4370 ORANGE GROVE CITY-ST-ZIP N. FT. MYERS FL <input checked="" type="checkbox"/> Delete		TITLE NAME TREASURER GAIL P. SHAW STREET ADDRESS 17179-1 TERRAUVERDE CIR CITY-ST-ZIP FT. MYERS FL 33908 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME T MELCHER, NORWOOD STREET ADDRESS 9517 MARINERS COVE LA CITY-ST-ZIP FT MYERS FL 33919 <input type="checkbox"/> Delete			

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: *GAIL P. SHAW* (NOTE: Registered Agent signature required when reinstating) DATE **1/19/02** Daytime Phone # **941-498-8574**

CR2E037 (9/01)