

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90034 050 \*\*\*150.00

DOCUMENT # P96000077852

1. Entity Name
SEQUOIA CORPORATION

Principal Place of Business

Mailing Address

111TH CT
VERO BEACH FL 32960

910 11TH CT
VERO BEACH FL 32960-5209

2. Principal Place of Business

3. Mailing Address

21 Dolphin Drive
Suite, Apt. #, etc.

21 Dolphin Drive
Suite, Apt. #, etc.

City & State

City & State

Vero Beach FL

Vero Beach FL

4. FEI Number 65-0704031

Applied For
Not Applicable

Zip

Country

Zip

Country

32960

Indian River

32960

Indian River

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

HERAN, GLENN
910 11TH CT
VERO BEACH FL 32960

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, 2000 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

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes entries for HERAN, GLENN and HERAN, JEANNIE.

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes entries for 21 Dolphin Drive.

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: Jeannie M. Heran
Date: 1-20-00
Daytime Phone #: (561) 770-6424

CR2E034 (9/99)