

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90203 020 ***150.00

DOCUMENT # P97000098532

1. Entity Name
SANIBEL LAND INVESTMENTS, INC.

Principal Place of Business 26445 BRICK LANE BONITA SPRINGS FL 34134 US	Mailing Address P.O. BOX 366128 BONITA SPRINGS FL 34135 US
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2. Principal Place of Business 15400 Milan lane Suite, Apt. #, etc.	3. Mailing Address 15400 Milan lane Suite, Apt. #, etc.
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City & State Naples, FL	City & State Naples, FL	4. FEI Number 65-0794627	Applied For <input type="checkbox"/> Not Applicable
Zip 34110	Country USA	Zip 34110	Country USA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**GARLICK, THOMAS B
 8889 PELICAN BAY BOULEVARD
 SUITE 300
 NAPLES FL 34108**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____ (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, 2001 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PTSD	RUBINTON, JON	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	PO BOX 366128	STREET ADDRESS	15400 Milan lane
CITY-ST-ZIP	BONITA SPRINGS FL 34136-6128	CITY-ST-ZIP	Naples, FL 34110
TITLE	NAME	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP
TITLE	NAME	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP
TITLE	NAME	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP
TITLE	NAME	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP
TITLE	NAME	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP

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 another like empowered.

SIGNATURE: _____ DATE: **1/23/01** DAYTIME PHONE #: **1-941-947-7888**

CR2E034 (10/00)