

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2002 8:00 am**  
**Secretary of State**

03-06-2002 90065 016 \*\*\*150.00

**DOCUMENT # 320865**

1. Entity Name

**SANDHILL INVESTMENT COMPANY**

Principal Place of Business

PO BOX 820716  
S FLA FL 33082  
US

Mailing Address

PO BOX 820716  
S FLA FL 33082  
US

2. Principal Place of Business

**12555 ORANGE DR**

3. Mailing Address

**12555 ORANGE DR**

Suite, Apt. #, etc.

**#101**

Suite, Apt. #, etc.

**#101**

City & State

**DAVIE FL**

City & State

**DAVIE FL**

Zip

**33330**

Country

**US**

Zip

**33330**

Country

**US**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-2580845**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**GARDNER, FRANK C.**  
**3701 SW 112 AVE**  
**DAVIE FL 33330**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**12555 ORANGE DR #101**

City

**DAVIE**

FL

Zip Code

**33330**

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, 2002 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

TITLE **PD** ☐ Delete  
NAME **GARDNER, FRANK C**  
STREET ADDRESS **3701 SW 112 AVE**  
CITY-ST-ZIP **DAVIE FL**

TITLE **ST** ☐ Delete  
NAME **FITZGERALD, LUCETTE L**  
STREET ADDRESS **541 SW 178 WAY**  
CITY-ST-ZIP **PEMBROKE PINES FL**

TITLE **D** ☐ Delete  
NAME **GARDNER, P C**  
STREET ADDRESS **3200 SW 116 AVE**  
CITY-ST-ZIP **DAVIE FL 33330**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **12555 ORANGE DR #101**  
CITY-ST-ZIP **DAVIE FL 33330**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2-21-02**

**954 8621428**

CR2E034 (9/01)