

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 336190

1. Entity Name

SANDPIPER GULF RESORT INC

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90070 045 ***150.00

Principal Place of Business

5550 ESTERO BLVD
FT MYERS BEACH FL 33931

Mailing Address

~~5550 ESTERO BLVD~~
FT MYERS BEACH FL 33931

00013656



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

5430 WILLIAMS DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FT MYERS BEACH

Zip

Country

Zip

Country

33931

LEE

4. FEI Number 59-1225367

Applied For

Not Applicable

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

MILLS-PRICE, STEVEN J
17860 BERMUDA DUNES DR
FT MYERS FL 33912

Name

HAZEL ANLAUF

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

5430 WILLIAMS DR

City

FT MYERS BEACH

FL

Zip Code
33931

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

Hazel E Anlauf - Pres

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/29/01

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

TITLE **VD** ☐ Delete
NAME **ZACK, CRISTEEN S.**
STREET ADDRESS **5550 ESTERO BLVD**
CITY-ST-ZIP **FORT MYERS BEACH FL 33931**

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

TITLE **PD** ☐ Delete
NAME **ANLAUF, HAZEL E**
STREET ADDRESS **5430 WILLIAMS DR**
CITY-ST-ZIP **FORT MYERS BEACH FL 33931**

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

TITLE **MD** ☒ Delete
NAME **MILLS-PRICE, STEVEN J**
STREET ADDRESS **17860 BERMUDA DUNES DR**
CITY-ST-ZIP **FORT MYERS FL 33912**

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

TITLE ☐ Delete
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CITY-ST-ZIP

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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 #

CR2E034 (10/00)