

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 493397

1. Entity Name

SANIBEL REALTY, INC.

Principal Place of Business

3033 WEST GULF DR
SANIBEL ISLAND FL 33957

Mailing Address

3033 WEST GULF DR
SANIBEL ISLAND FL 33957-5609
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

JENKS, BERT L.
5838 PINE TREE DR.
SANIBEL FL 33957

7. Name and Address of New Registered Agent

Name

JOAN M. GOOD

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

3033 West Gulf Drive

City

SANIBEL

FL

Zip Code

33957

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

Joan M. Good

JOAN M. GOOD

4/30/2000

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

TITLE **PVST** ☐ Delete
NAME **GOOD, JOAN**
STREET ADDRESS **1010 DEMERE LANE 3033 W. Gulf Dr.**
CITY-ST-ZIP **SANIBEL ISLAND FL**

TITLE **P** ☒ Delete
NAME **JENKS, BERT L**
STREET ADDRESS **5838 PINE TREE**
CITY-ST-ZIP **SANIBEL ISLAND FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Joan M. Good

JOAN M. GOOD, PRES

4/30/2000 941-472-1345

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 91135 001 ***150.00

05-17-2000 91135 002 *****8.75



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1635421

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

CR2E034 (9/99)