

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 29, 2001 08:00 AM**
Secretary of State**DOCUMENT # 493397**1. Entity Name
SANIBEL REALTY, INC.

Principal Place of Business	Mailing Address
3033 WEST GULF DR	3033 WEST GULF DR
SANIBEL ISLAND FL 33957	SANIBEL ISLAND US FL 33957

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1635421

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentGOOD JOAN M
3033 WEST GULF DRSANIBEL FL
33957**7. Name and Address of New Registered Agent**

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 **JOAN M. GOOD****04/29/2001**

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, 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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	ST	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	HINKS, BARBARA K.		
STREET ADDRESS	928 S.E. 8TH STREET		
CITY-ST-ZIP	CAPE CORAL FL 33990		

TITLE	P	<input type="checkbox"/> Delete
NAME	JENKS, BERT L	
STREET ADDRESS	5838 PINE TREE	
CITY-ST-ZIP	SANIBEL ISLAND FL	

TITLE	V	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TURNER, JOYCE A.		
STREET ADDRESS	2378 IVY AVENUE		
CITY-ST-ZIP	FORT MYERS FL 33907		

TITLE	VST	<input type="checkbox"/> Delete
NAME	GOOD, JOAN	
STREET ADDRESS	1018 DEMERE LANE	
CITY-ST-ZIP	SANIBEL ISLAND FL	

TITLE	P	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GOOD, JOAN		
STREET ADDRESS	3033 W. GULF DRIVE		
CITY-ST-ZIP	SANIBEL ISLAND FL 33957		

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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**P****04/29/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)