

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 540862

1. Entity Name

SANIBEL SPORT, INC

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90081 016 ***150.00

Principal Place of Business	Mailing Address
1090 E 16TH STREET P O BOX 849 HIALEAH, FL. 33011 US	PO BOX 11285 P O BOX 849 HIALEAH, FLA. 33011 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>1090 E 16th STREET</i>	3. Mailing Address <i>P.O. BOX 112851</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>HIALEAH, FL</i>	City & State <i>HIALEAH, FL</i>
Zip <i>33010</i>	Country <i>US</i>
Zip <i>33011-2851</i>	Country <i>US</i>

4. FEI Number 59-1766744	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SCHNELL, MARTIN N 3900 ISLAND BLVD. #402 WILLIAMS ISLAND FL 33141

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 _____
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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD SCHNELL, MARTIN N 3900 ISLAND BLVD. #402 WILLIAMS ISLAND FL	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	S SCHNELL, BARBARA 200 LESLIE DRIVE #529 HALLANDALE FL	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VP SCHNELL, ARLENE 3900 ISLAND BLVD. #402 WILLIAMS ISLAND FL	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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 all other like empowered.

SIGNATURE: *Barbara L. Schnell* **BARBARA L. SCHNELL** *4/14/00* **305-888-6608**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)