

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 25, 2002 8:00 am
Secretary of State

06-25-2002 90452 011 ****61.25

DOCUMENT # **732369**

1. Entity Name

SANDALFOOT SECTION ONE INC

*NAME
SHE
NAME*

DO NOT WRITE IN THIS SPACE

80125740

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1571 SW 65TH AVE

3. Mailing Address

1571 SW 65TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON FL

City & State

BOCA RATON FL

4. FEI Number

59-2348132

Applied For

Not Applicable

Zip

33428

Country

FL

Zip

33428

Country

FL

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

HEIDT NETTIE

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

1560 SW 64TH WAY

City

BOCA RATON

FL

Zip Code

33428

**DO NOT WRITE
IN THIS SPACE**

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

FEE IS \$61.25

Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HEIDT NETTIE 1560 SW 64TH WAY BOCA RATON FL 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MOORE ROB 1580 SW 64TH WAY BOCA RATON FL 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RUBAN ANDREY 1630 SW 64TH WAY BOCA RATON FL 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DUTILLY KATHERINE 1571 SW 65TH AVE BOCA RATON FL 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STOGNER ROSE 1661 SW 64TH WAY BOCA RATON FL 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. SUNDERLAND M.M. 1800 SW 65TH AVE BOCA RATON FL 33428

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**DO NOT WRITE
IN THIS SPACE**

12. 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

KATHERINE A DUTILLY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-19/02

Date

(561)

488-6329

Daytime Phone #

CR2E037B (12/01)

Attachment B012574
~~Document #~~ 732307
FEI#
59-2348132



MAKE A NOTE

6/19/02

Dear Sir

Sorry for late
Payment & Report

There was a mix up
with mail, did not receive
orig forms

Thank you
X-Dutelly