

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State
 04-03-2001 90032 012 ***158.75

DOCUMENT # 844554

1. Entity Name

SAILFISH POINT REALTY CORPORATION
 BO BOX 1200
 JACOBI KIRCHMIA BUILDING

Principal Place of Business, SIC: 00 00 Mailing Address:

SAILFISH POINT REALTY CORP
1648 SE SAILFISH PT BLVD
STUART FL 34996
US

SAILFISH POINT REALTY CORP
1648 SE SAILFISH PT BLVD
STUART FL 34996
US

00030939



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **75-1675530**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

WHITSON, WILLIAM C
2201 SE SAILFISH POINT BLVD
STUART FL 34996

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

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 **VPTD** ☒ Delete
NAME **PERAINO, ROY**
STREET ADDRESS **2201 SE SAILFISH POINT BLVD**
CITY-ST-ZIP **STUART FL**

TITLE **PD** ☒ Change ☐ Addition
NAME **Peraino, Roy**
STREET ADDRESS **2201 SE Sailfish Point Bnd.**
CITY-ST-ZIP **Stuart, FL 34996**

TITLE **AT** ☐ Delete
NAME **PRESENT SUSAN**
STREET ADDRESS **2201 SE SAILFISH PT BLVD**
CITY-ST-ZIP **STUART FL 34996**

TITLE **T** ☐ Change ☒ Addition
NAME **Kelly, Marilyn**
STREET ADDRESS **2201 SE Sailfish Point Bnd.**
CITY-ST-ZIP **Stuart, FL 34996**

TITLE **PD** ☒ Delete
NAME **SPIEGEL JAMES**
STREET ADDRESS **2201 SE SAILFISH PT BLVD**
CITY-ST-ZIP **STUART FL 34996**

TITLE **D** ☐ Change ☒ Addition
NAME **Sacks, Leonard**
STREET ADDRESS **2201 SE Sailfish Point Bnd.**
CITY-ST-ZIP **Stuart, FL 34996**

TITLE **VPS** ☐ Delete
NAME **LAFON TOM**
STREET ADDRESS **2001 SE SAILFISH PT BLVD**
CITY-ST-ZIP **STUART FL 34996**

TITLE **D** ☐ Change ☐ Addition
NAME **Frame, David**
STREET ADDRESS **2201 SE Sailfish Point Bnd.**
CITY-ST-ZIP **Stuart, FL 34996**

TITLE **D** ☐ Delete
NAME **CHOSNEK, IVAN**
STREET ADDRESS **2201 SE SAILFISH PT BLVD**
CITY-ST-ZIP **STUART FL 34996**

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

TITLE **D** ☒ Delete
NAME **MILDRED, RICK**
STREET ADDRESS **2201 SE SAILFISH PT BLVD**
CITY-ST-ZIP **STUART FL 34996**

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: *Susan Present* **SUSAN PRESENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/01 (561) 225-1000
555-334

Date

Daytime Phone #

CR2E034 (10/00)