

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90199 008 ***158.75

DOCUMENT # 844554

1. Entity Name
SAILFISH POINT REALTY CORPORATION



Principal Place of Business
SAILFISH POINT REALTY CORP
1648 SE SAILFISH PT BLVD
STUART FL 34996
US

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



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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	TD	<input type="checkbox"/> Delete
NAME	EVERETT, LEANNA	
STREET ADDRESS	2001 SE SAILFISH PT BLVD	
CITY-ST-ZIP	STUART FL 34996	
TITLE	AT	<input type="checkbox"/> Delete
NAME	PRESENT SUSAN	
STREET ADDRESS	2201 SE SAILFISH PT BLVD	
CITY-ST-ZIP	STUART FL 34996	
TITLE	PD	<input type="checkbox"/> Delete
NAME	KELLY, MARILYN	
STREET ADDRESS	2201 SE SAILFISH PT BLVD	
CITY-ST-ZIP	STUART FL 34996	
TITLE	VPS	<input checked="" type="checkbox"/> Delete
NAME	LAFON TOM	
STREET ADDRESS	2001 SE SAILFISH PT BLVD	
CITY-ST-ZIP	STUART FL 34996	
TITLE	D	<input type="checkbox"/> Delete
NAME	GINSBURG, BARRY	
STREET ADDRESS	2001 SE SAILFISH PT BLVD	
CITY-ST-ZIP	STUART FL 34996	
TITLE	D	<input type="checkbox"/> Delete
NAME	SACKS, LEONARD	
STREET ADDRESS	2201 SE SAILFISH PT BLVD	
CITY-ST-ZIP	STUART FL 34996	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVERETT, LEANNA	
STREET ADDRESS	2201 SE SAILFISH PT BLVD	
CITY-ST-ZIP	STUART, FL 34996	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kelly, Marilyn	
STREET ADDRESS	2201 SE SAILFISH PT BLVD	
CITY-ST-ZIP	STUART, FL 34996	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Geisinger, Richard	
STREET ADDRESS	2201 SE SAILFISH PT BLVD	
CITY-ST-ZIP	STUART, FL 34996	
TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Zemenick, Richard	
STREET ADDRESS	2201 SE SAILFISH PT BLVD	
CITY-ST-ZIP	STUART, FL 34996	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	McKinney, Barbara	
STREET ADDRESS	2201 SE SAILFISH PT BLVD	
CITY-ST-ZIP	STUART, FL 34996	

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SUSAN PRESENT

4/18/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)