

2000 UNIFORM BUSINESS REPORT (UBR)

2000011

DOCUMENT # **A32169**

1. Entity Name
SDC OF SANIBEL, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR -4 PM 6: 50

Principal Place of Business
**1149 PERIWINKLE WAY
SANIBEL ISLAND FL 33957**

Mailing Address
**1149 PERIWINKLE WAY
SANIBEL ISLAND FL 33957-4701**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0299147**
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**NAUMANN, JOHN J.
1149 PERIWINKLE WAY
SANIBEL ISLAND 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$990.00** 10. Amount of Capital Contributions in FLORIDA to date. 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

| 12. GENERAL PARTNER INFORMATION | | | 13. ADDRESS CHANGES ONLY | |
|---------------------------------|-----------------------------|-----------------|------------------------------|--|
| DOCUMENT # | S88242 | STREET ADDRESS | 800003215628--5 | |
| NAME | SANCTUARY DEV. CORP. | CITY - ST - ZIP | -04/19/00--01113--027 | |
| STREET ADDRESS | 1149 PERIWINKLE WAY | | ****141.25 ****141.25 | |
| CITY - ST - ZIP | SANIBEL ISLAND FL | | | |
| DOCUMENT # | | STREET ADDRESS | <i>My</i> | |
| NAME | | CITY - ST - ZIP | <i>4/11</i> | |
| STREET ADDRESS | | | | |
| CITY - ST - ZIP | | | | |
| DOCUMENT # | | STREET ADDRESS | | |
| NAME | | CITY - ST - ZIP | | |
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| NAME | | CITY - ST - ZIP | | |
| STREET ADDRESS | | | | |
| CITY - ST - ZIP | | | | |

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **SIGNATURE REQUIRED** *3/29/00*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #