

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 26, 2001 8:00 am
Secretary of State

07-26-2001 90002 021 ***550.00

DOCUMENT # F08862

1. Entity Name
SANDY HILLS, INC.

Principal Place of Business
222 MORNINGSID DRIVE
LAKELAND FL 33803
US

Mailing Address
222 MORNINGSID DR
LAKELAND FL 33803
US

2. Principal Place of Business
3093 SHOAL CREEK VILLAGE DRIVE
 Suite, Apt. #, etc.

3. Mailing Address
3093 SHOAL CREEK VILLAGE DRIVE
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
LAKELAND

4. FEI Number
59-2044465

Applied For
 Not Applicable

Zip Country
33803-5425 FL

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

TODD, H.R.
~~**222 MORNINGSID DR**~~
LAKELAND FL 33803

Name
 Street Address (P.O. Box Number is Not Acceptable)
3093 SHOAL CREEK VILLAGE DRIVE
LAKELAND
 City **FL** Zip Code **33803**

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 *H.R. Todd* *Sery* *7-20-01*
 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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 ☐ Delete
 NAME **D**
 STREET ADDRESS **WILFONG, SARAH T**
 CITY-ST-ZIP **120 STONEHILL DRIVE FORSYTH GA 31029**

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

TITLE ☐ Delete
 NAME **DV**
 STREET ADDRESS **CROSBY, JUDITH T**
 CITY-ST-ZIP **5473 GOLF COURSE DRIVE JACKSONVILLE FL 32277**

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

TITLE ☐ Delete
 NAME **DP**
 STREET ADDRESS **BLUE, REBECCA T**
 CITY-ST-ZIP **1703 HEATHCLIFF ROAD HIGH POINT NC 27262**

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **TODD, NANCY**
 CITY-ST-ZIP **186 PRINCETON DRIVE MACON GA 31220**

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

TITLE ☐ Delete
 NAME **DST**
 STREET ADDRESS **TODD, H R**
 CITY-ST-ZIP **222 MORNINGSID DRIVE LAKELAND, FL 00000 33803**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **3093 SHOAL CREEK VILLAGE DRIVE**
 CITY-ST-ZIP **LAKELAND FL 33803**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *SIGNATURE REQUIRED*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

0063331

CR2E034 (5/01)