

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G65701**

1. Entity Name

SANIBEL-CAPTIVA SHOPPER GUIDE, INC.

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

04-26-2001 90138 002 ***150.00

Principal Place of Business

**367 PERIWINKLE WAY
SANIBEL FL 33957**

Mailing Address

**P.O. BOX 1771
SANIBEL FL 33957
US**

2. Principal Place of Business

1142 Schooner
Suite, Apt. #, etc.

3. Mailing Address

1142 Schooner
Suite, Apt. #, etc.

PO Box 1771

City & State

Sanibel, Fl.

City & State

Sanibel, Fl.

Zip

33957

Country

Lee

Zip

33957

Country

Lee

6. Name and Address of Current Registered Agent

**BRENNEN, CARLENE B
367 PERIWINKLE WAY
SANIBEL FL 33957**

7. Name and Address of New Registered Agent

Name

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

1142 Schooner

PO Box 1771

City

Sanibel, Fl.

State

Zip Code

33957

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 *Carlene F. Brennen*

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

(NOTE: Registered Agent's signature required when reinstating)

4-19-01

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BRENNEN, CARLENE 367 PERIWINKLE WAY SANIBEL FL 33957	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>1142 Schooner</i> <i>Sanibel, Fl. 33957</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Carlene F. Brennen*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-01

Date

941-472-3671

Daytime Phone #

CR2E034 (10/00)