

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90049 015 \*\*\*150.00

**DOCUMENT # G92989**

**1. Entity Name**  
**SANDSTONE PROPERTIES, INC.**

**Principal Place of Business**  
**1712 SILVER LAKE RD**  
**TALLAHASSEE FL 32310**  
**US**

**Mailing Address**  
**1712 SILVER LAKE RD**  
**TALLAHASSEE FL 32310**  
**US**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number** **59-2443827**

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**

**GAUTIER, RUSSELL**  
**2010 DELTA BLVD**  
**TALLAHASSEE FL 32303**

Name  
**Michael W. Roberts**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1712 Silver Lake Rd.**  
 City  
**Tallahassee** **FL** Zip Code  
**32310**

**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** *Michael W Roberts*

**4/15/02**

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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☐ Delete  
 NAME **PD**  
 STREET ADDRESS **ROBERTS, MICHAEL W.**  
 CITY-ST-ZIP **3038 W LAKESHORE DR**  
**TALLAHASSEE FL**

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

TITLE ☐ Delete  
 NAME **TS**  
 STREET ADDRESS **CURLEE, DIANE M.**  
 CITY-ST-ZIP **8 SAN MARCOS DR**  
**CRAWFORDVILLE FL**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP **32327**

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **COCCIONE, KATHY L**  
 CITY-ST-ZIP **906 32ND STREET, COURT EAST**  
**BRADENTON FL**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **226 S. Harbor Dr., #A**  
 CITY-ST-ZIP **Holmes Beach, FL 34218**

TITLE ☐ Delete  
 NAME **DV**  
 STREET ADDRESS **FRANCIS, BRENDA R**  
 CITY-ST-ZIP **215 MEADOW RIDGE DR.**  
**TALLAHASSEE FL 32312**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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:**

*Michael W Roberts*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/15/02**

Date

**850-576-3610**

Daytime Phone #

CR2E034 (9/01)