

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 30, 2001 8:00 am**  
**Secretary of State**

05-30-2001 90027 029 \*\*\*150.00

**DOCUMENT # H43846**

1. Entity Name:

**HOST OF SANIBEL, INC.**

Principal Place of Business

**15314 SAN ANTONIO CT  
 FORT MYERS FL 33908**

Mailing Address

**15314 SAN ANTONIO CT  
 FORT MYERS FL 33908**

2. Principal Place of Business

**10310 ROSEMONT CT.**

Suite, Apt. #, etc.

3. Mailing Address

**10310 ROSEMONT CT.**

Suite, Apt. #, etc.

City & State

**FT. MYERS, FL**

Zip

**33908**

Country

**USA**

City & State

**FT. MYERS, FL**

Zip

**33908**

Country

**USA**

4. FEI Number

**59-2503856**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**WILSON, DONALD E.  
 15814 SAN ANTONIO CT  
 FORT MYERS FL 33908**

7. Name and Address of New Registered Agent

Name

**WILSON, DONALD E.**

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

**10310 ROSEMONT**

City

**FT. MYERS**

**FL**

Zip Code

**33908**

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

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

(NOT: 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, 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	PSD	<input type="checkbox"/> Delete
NAME	WILSON, DONALD E.	
STREET ADDRESS	4996 JOEWOOD DR SW	
CITY-ST-ZIP	SANIBEL FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

**Donald E. Wilson, Pres**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-30-01**

Date

**1-941-415-4141**

Daytime Phone #

CR2E034 (10/00)

Attachment

Doc. # H43846

772022

From the desk of  
DONALD E. WILSON

5-23-2001

I REALIZE THAT THIS FILING IS PAST  
THE MAY 1<sup>ST</sup> DEADLINE BUT THERE ARE  
SOME MITIGATING CIRCUMSTANCES FOR  
WHICH I WOULD APPRECIATE YOUR  
CONSIDERATION.

THE #150 WAS WRITTEN AND IN MY  
FOLLOW-UP FILE FOR MAILING. HOWEVER,  
ON APRIL 26<sup>TH</sup> WE MOVED FROM OUR  
HOME TO A LIFE CARE FACILITY AND  
DURING THIS MOVE THE FOLLOW-UP  
FILE WAS BURIED IN AN AVALANCHE  
OF PACKING BOXES WHICH HAVE JUST NOW  
BEEN REORGANIZED, HENCE THE DELAY.

KINDLY ACCEPT THIS AS TIMELY LIKE  
ALL OF MY PREVIOUS PAYMENTS

THANKS,

Donald E. Wilson