

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

H 74829

1. Entity Name

SANDY & BROTHER, INC.

FILED

00 FEB 23 PM 1:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

4442 N. SADDLE DRIVE
BEVERLY HILLS, FL 34465

4442 N. SADDLE DRIVE
BEVERLY HILLS, FL 34465

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0146636

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RICHARD R. RICCIANI
6371-4 PRESIDENTIAL COURT
FORT MYERS, FL 33919

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

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PS
Peter J. Goensky, P.A.
2198 Main Street
Sarasota FL 34237 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
HELM DACH, ELFRIEDE FL 34465
4442 N. SADDLE DRIVE, BEVERLY HILLS ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete ☐ Delete

TITLE
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TITLE
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STREET ADDRESS
CITY-ST-ZIP
Delete ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
9000003158329-8
-03/06/00-01099-004
***150.00 ***150.00 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
Delete ☐ Delete

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CITY-ST-ZIP
Delete ☐ Delete

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #