

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J26265

1. Entity Name

W.J. SANDERS CONSTRUCTION CORPORATION

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90277 011 \*\*\*150.00

Principal Place of Business

Mailing Address

296 LESLIE LANE  
 LAKE MARY FL 32746

P.O. BOX 951435  
 LAKE MARY FL 32795-1435

2. Principal Place of Business

1035 WINDRIDGE CIRCLE

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

SANFORD FL

City & State

4. FEI Number

59-2995606

Applied For

Not Applicable

Zip

32773

Country

SEMINOLE

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

SANDERS, WALTER J.  
 296 LESLIE LANE  
 LAKE MARY FL 32746

Name

SANDERS, WALTER J.

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

1035 WINDRIDGE CIRCLE

City

SANFORD

FL

Zip Code

32773

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 PT ☐ Delete  
 NAME SANDERS, WALTER J.  
 STREET ADDRESS 296 LESLIE LANE  
 CITY-ST-ZIP LAKE MARY FL

TITLE ☒ Change ☐ Addition  
 NAME   
 STREET ADDRESS 1035 WINDRIDGE CIRCLE  
 CITY-ST-ZIP SANFORD FL 32773

TITLE DS ☐ Delete  
 NAME SANDERS, PATRICIA D  
 STREET ADDRESS 296 LESLIE LANE  
 CITY-ST-ZIP LAKE MARY FL

TITLE ☒ Change ☐ Addition  
 NAME   
 STREET ADDRESS 1035 WINDRIDGE CIRCLE  
 CITY-ST-ZIP SANFORD FL 32773

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/2000 (407) 321-8865

CR2E034 (9/99)