

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2002 8:00 am**  
**Secretary of State**

03-03-2002 90115 003 \*\*\*158.75

0096218 AV

**DOCUMENT # K57211**

1. Entity Name

**W.M. SANDERLIN & ASSOCIATES, INC.**

Principal Place of Business

**738 RUGBY STREET  
 ORLANDO FL 32804**

Mailing Address

**738 RUGBY STREET  
 ORLANDO FL 32804**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country  
 US

Zip

Country  
 Orange

4. FEI Number

**59-2927109**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**SANDERLIN, W. M.  
 738 RUGBY STREET  
 ORLANDO FL 32804**

7. Name and Address of New Registered Agent

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, 2002 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 **PD** ☐ Delete  
 NAME **SANDERLIN, W.M.**  
 STREET ADDRESS **3215 GREENS AVENUE X**  
 CITY-ST-ZIP **ORLANDO FL**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **738 Rugby Street**  
 CITY-ST-ZIP **Orlando, FL 32804**

TITLE **D** ☐ Delete  
 NAME **SANDERLIN, JACQUELINE**  
 STREET ADDRESS **3215 GREENS AVE**  
 CITY-ST-ZIP **ORLANDO FL**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **738 Rugby Street**  
 CITY-ST-ZIP **Orlando, FL 32804**

TITLE **ST** ☐ Delete  
 NAME **PEPPER, MARILYN W**  
 STREET ADDRESS **115 SPRING ISLE TR XXX**  
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **738 Rugby Street**  
 CITY-ST-ZIP **Orlando, FL 32804**

TITLE **V** ☐ Delete  
 NAME **SANDERLIN, JOANNE**  
 STREET ADDRESS **738 RUGBY STREET**  
 CITY-ST-ZIP **ORLANDO FL 32804**

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

TITLE **VAS** ☐ Delete  
 NAME **SQUILLANTE, JUDY**  
 STREET ADDRESS **738 RUGBY STREET**  
 CITY-ST-ZIP **ORLANDO FL 32804**

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

TITLE **VP** ☐ Delete  
 NAME **ROUHIER, CRAIG**  
 STREET ADDRESS **738 RUGBY STREET**  
 CITY-ST-ZIP **ORLANDO FL 32804**

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 reports 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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/19/02

CR2E034 (9/01)