

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L000000015506

1. Entity Name

SAND SUITES, INC.

Principal Place of Business

Mailing Address

3780 VIA DEL REY  
SUITE A  
BONITA SPRINGS, FL  
34134

SAME

2. Principal Place of Business

3. Mailing Address

3780 VIA DEL REY, SUITE A

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE A

City & State

City & State

BONITA SPRINGS, FL

Zip

Country

Zip

Country

34134

USA

4. FEI Number

65-1073826

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

FILED

01 AUG -3 AM 8:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOTTE, KEVIN R., ESQ.  
PORTER, WRIGHT, MORRIS & ARTHUR LLP  
5801 PELICAN BAY BLVD. STE. 300  
NAPLES, FLORIDA 34108-2709

Name

DAVID A. MEYERS

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

3780 VIA DEL REY

SUITE A

City

BONITA SPRINGS

FL

Zip Code

34134

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.

DAVID A. MEYERS

6/18/2001

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MANAGING MEMBER  
DAVID A. MEYERS  
3780 VIA DEL REY, SUITE A  
BONITA SPRINGS, FL 34134

☐ Delete

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

TITLE  
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STREET ADDRESS  
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TITLE  
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☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

6/18/2001

941-949-2915

CR2E083 (1/1/00)