

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90212 049 ****50.00

DOCUMENT # L00000015506

1. Entity Name

SANDS SUITES, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1080 ESTERO BLVD

3. Mailing Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
FT MYERS BEACH FL

City & State

4. FEI Number
65-1073826

Applied For
Not Applicable

Zip
33931

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name
WIEBEL, HENNELLS & CARUFE, P.A.

Street Address (P.O. Box Number is Not Acceptable)
9240 BONITA BEACH RD

3305

City BONITA SPRINGS **FL** **Zip Code** 34135

**DO NOT WRITE
IN THIS SPACE**

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 *Melinda C. Cye CPA DF*

4/29/02

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) ☒

January 1 - May 1 Fee is \$150.00 \$0.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 MANAGING MEMBER
NAME AMANDA WITTER
STREET ADDRESS 1080 ESTERO BLVD
CITY - ST - ZIP FT MYERS BEACH FL 33931

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Amanda Witter* **AMANDA WITTER** *4/29/02* *941.949.5913*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)