

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2000 8:00 am**  
**Secretary of State**

01-24-2000 90043 030 \*\*\*150.00

**DOCUMENT # L57345**

1. Entity Name

**JAMES R. SANDERS, INC.**

**706021**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

1. BOX 1678  
LABELLE FL 33935

RT. 1. BOX 1678  
LABELLE FL 33935

2. Principal Place of Business

**1130 CYPRESS AVE, N.W.**

3. Mailing Address

**1130 CYPRESS AVE, N.W.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**LABELLE FL**

City & State  
**LABELLE FL**

4. FEI Number  
**65-0185076**

Applied For  
Not Applicable

Zip  
**33935**

Country  
**GADES**

Zip  
**33935**

Country  
**GADES**

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, JAMES RODNEY**  
**RT 1 BOX 1678**  
**LABELLE FL 33935**

Name

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

**1130 CYPRESS AVE, N.W.**

City  
**Labelle**

FL

Zip Code  
**33935**

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]* **VP Melody SANDERS**

**1-17-2000**

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  
**P**  
**SANDERS, JAMES RODNEY** ☐ Delete  
**RT 1 BOX 1678**  
**LABELLE FL 33935**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
**1130 CYPRESS AVE, N.W.**  
**Labelle, FL 33935**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VT**  
**SANDERS, MELODY A** ☐ Delete  
**RT 1 BOX 1678**  
**LABELLE FL 33935**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
**1130 CYPRESS AVE, N.W.**  
**Labelle, FL 33935**

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

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 #

CR2E034 (9/99)