

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # M56887**

1. Entity Name

THE ISLAND BY SDC, INC.**FILED**
Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90216 014 ***150.00

Principal Place of Business

**5610 PGA BLVD
SUITE 114
PALM BEACH GARDENS FL 33418
US**

Mailing Address

**5610 PGA BLVD
SUITE 114
PALM BEACH GARDENS FL 33418-3838
US****711137**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0004952

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**SABATELLO, CARL M.
5610 PGA BLVD SUITE 114
PALM BEACH GARDENS FL 33412**

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, 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

TITLE	DP	<input type="checkbox"/> Delete
NAME	SABATELLO, CARL M.	
STREET ADDRESS	5610 PGA BLVD SUITE 114	
CITY-ST-ZIP	PALM BCH GDNS FL	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	SABATELLO, THEODORE	
STREET ADDRESS	5610 PGA BLVD SUITE 114	
CITY-ST-ZIP	PALM BCH GARDENS FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	SABATELLO, MICHAEL	
STREET ADDRESS	5610 PGA BLVD SUITE 114	
CITY-ST-ZIP	PALM BCH GARDENS FL	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	SABATELLO, PAUL	
STREET ADDRESS	5610 PGA BLVD SUITE 114	
CITY-ST-ZIP	PALM BCH GARDENS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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 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 #

1/31/00