

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 26, 2001 8:00 am**  
**Secretary of State**

01-26-2001 90124 023 \*\*\*150.00

**DOCUMENT # M75674**

1. Entity Name  
**SAAG - SANIBEL, INC.**

Principal Place of Business <b>251 MAIN STREET          FALMOUTH MA 02540</b>	Mailing Address <b>251 MAIN STREET          FALMOUTH MA 02540</b>
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2. Principal Place of Business <b>328 Marion Road</b>	3. Mailing Address <b>328 Marion Road</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Wareham, MA</b>	City & State <b>Wareham, MA</b>
Zip <b>02571</b>	Zip <b>02571</b>
Country <b>Plymouth</b>	Country <b>Plymouth</b>

4. FEI Number <b>04-3002356</b>	Applied For <input type="checkbox"/> Not Applicable
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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

**WESTLAKE RUTH P.  
 4325 S BARNET  
 PLANT CITY FL 33567**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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 \_\_\_\_\_ (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, 2001 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PD	<b>KATZEN, ALLEN R.</b>		
STREET ADDRESS	<b>386 ST ARMONDS CIR</b>		
CITY-ST-ZIP	<b>SARASOTA FL</b>		

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: \_\_\_\_\_ Date: **1-18-01** Daytime Phone #: **508-295-9900**

CR2E034 (10/00)