

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

04-21-2003 90489 004 ****61.25

DOCUMENT # N00000003939

1. Entity Name

SANIBEL-CAPTIVA REVIEW, INC.



Principal Place of Business

Mailing Address

~~714 RABBIT ROAD~~ **1036 Whisperwood**
~~SANIBEL FL 33957~~ **Sanibel**
FL 33957
P.O. DRAWER 60205
FORT MYERS FL 33906

2. Principal Place of Business

1036 Whisperwood

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sanibel, FL

City & State

4. FEI Number **65-1018330**

Applied For

Not Applicable

Zip

33957

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROYSTON, ROBERT D JR.
12670 NEW BRITTANY BLVD.
SUITE 101
FORT MYERS FL 33907

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **D MARTELL, SCOTT**
STREET ADDRESS ~~714 RABBIT ROAD~~
CITY-ST-ZIP **SANIBEL FL 33957**

TITLE ☒ Change ☐ Addition
NAME **1036 Whisperwood**
STREET ADDRESS **Sanibel, FL 33957**
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D JOHNS, JOHN**
STREET ADDRESS **521 LAKE MUREX CIRCLE**
CITY-ST-ZIP **SANIBEL FL 33957**

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

TITLE ☐ Delete
NAME **D ANHOLT, BETTY**
STREET ADDRESS **3084 POINCIANA CIRCLE**
CITY-ST-ZIP **SANIBEL FL 33957**

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

TITLE ☐ Delete
NAME **D DEUTSCHER, BELLE**
STREET ADDRESS **802 ELINOR WAY**
CITY-ST-ZIP **SANIBEL FL 33957**

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

TITLE ☐ Delete
NAME **D FLEMING, GINNY**
STREET ADDRESS **1036 WHISPERWOOD WAY**
CITY-ST-ZIP **SANIBEL FL 33957**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] **Treasurer 1-2-03 (239) 472-9485**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)