2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State
05-02-2001 90097 040 ****61.25

DOCUMENT # N00000004824

1. Entity Name

SANDPIPER CO-OP, INC.

Principal Place of Business	Mailing Address
1412 AXALEA DR LEESBURG FL 34788	1412 AXALEA DR LEESBURG FL 34788

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3661811 ☐ Applied For ☐ Not Applicable

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
BERNSTEIN, DAVID S ESQ 150 2ND AVE N, 17TH FLOOR ST PETERSBURG FL 33701	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

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHERWOOD, BRUCE A 606 SANDPIPER DR LEESBURG FL 34788	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Tipton, Glen 607 Sandpiper Dr. Leesburg FL 34788	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHIFLET, STEVE 1406 AZALEA DR LEESBURG FL 34788	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Leifheit, John 602 Sandpiper Dr. Leesburg FL 34788	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SPROATT, CARL 103 LAKE SHORE CIR LEESBURG FL 34788	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Sherwood, Bruce A 606 Sandpiper Dr. Leesburg FL 34788	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WOLF, CHIRLEY 404 OAK DR LEESBURG FL 34788	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Sproatt, Carl 103 Lake Shore Circle Leesburg FL 34788	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WHITAKER, TWILA 911 QUAIL DR LEESBURG FL 34788	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Whitaker, Twila 911 Quail Dr. Leesburg FL 34788	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CAMPBELL, CALVIN 234 N LAKE SHORE DR LEESBURG FL 34788	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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: Bruce A. Sherwood, SR. Bruce A. Sherwood, SR. 4-26-01 352-357-1437
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #