

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

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90176 049 ****61.25

DOCUMENT # N00000004824

1. Entity Name

SANDPIPER CO-OP, INC.



Principal Place of Business

**1412 AZALEA DRIVE
LEESBURG FL 34788**

Mailing Address

**1412 AZALEA DRIVE
LEESBURG FL 34788**

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

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. 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

TITLE NAME	VD COTTON, DOROON ☐ Delete
STREET ADDRESS	321 MAGNOLIA DRIVE
CITY-ST-ZIP	LEESBURG FL 34788
TITLE NAME	DP TIPTON, GLEN ☒ Delete
STREET ADDRESS	607 SANDPIPER DRIVE
CITY-ST-ZIP	LEESBURG FL 34788
TITLE NAME	TD SPROATT, CARL ☒ Delete
STREET ADDRESS	103 LAKE SHORE CIR
CITY-ST-ZIP	LEESBURG FL 34788
TITLE NAME	D LEIFHEIT, JOHN ☒ Delete
STREET ADDRESS	602 SANDPIPER DRIVE
CITY-ST-ZIP	LEESBURG FL 34788
TITLE NAME	SD WHITAKER, TWILA ☐ Delete
STREET ADDRESS	911 QUAIL DR
CITY-ST-ZIP	LEESBURG FL 34788
TITLE NAME	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	DPD CAMPBELL, CALVIN ☐ Change ☒ Addition
STREET ADDRESS	234 N. LAKE SHORE DR
CITY-ST-ZIP	LEESBURG FL 34788
TITLE NAME	TD SHERWOOD, SR., BRUCE ☐ Change ☒ Addition
STREET ADDRESS	606 SANDPIPER DRIVE
CITY-ST-ZIP	LEESBURG FL 34788
TITLE NAME	D WOLF, JAMES ☐ Change ☒ Addition
STREET ADDRESS	816 PINE DRIVE
CITY-ST-ZIP	LEESBURG FL 34788
TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	☐ Change ☐ Addition
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:

CALVIN D. CAMPBELL *Calvin D. Campbell*

2-25-03

352-357-1020

CR2E037 (10/02)